



CAMP OMEGA, INC.

22750 Lind Avenue
Waterville, Minnesota 56096-9320
Phone 507-685-4266
Fax: (507) 685-4401

www.campomega.org • info@campomega.org

Dear Parents / Guardians of Summer Campers:

You and/or your child have just completed a session of summer camp at Camp Omega. We pray the week here was one of fun and enjoyment and also one that challenged and strengthened faith and knowledge of the Savior.

One of the most important aspects of our summer program is the input from our campers and their parents so that we can continue to improve the experience campers have at Camp Omega. We are especially open to suggestions and comments that will help to make the coming weeks and summers even better. Please feel free to make any comments any time.

Thank you for your time and comments. We look forward to seeing you and your child again next summer.

In HIS Service,
Bob LaCroix, Executive Director

Please complete this evaluation online at: www.CampOmega.org/evaluation

What camp (dates and program) did you or your child attend and what was/were the counselors name(s)?

<i>Dates</i>	<i>Program Name</i>	<i>Name of Counselor(s)</i>
1. How would you evaluate any information or instruction you received from the camp office? This includes online registration, forms, mail-in registration, confirmation packet or email, and additional questions. <input type="checkbox"/> Clear and accurate; <input type="checkbox"/> Somewhat clear; <input type="checkbox"/> Understandable; <input type="checkbox"/> Not very clear; <input type="checkbox"/> Very confusing		
2. If you dropped off or picked up campers, what was your reaction to the Camp Omega grounds & facilities? <input type="checkbox"/> Exceptional; <input type="checkbox"/> Clean and well maintained; <input type="checkbox"/> About average; <input type="checkbox"/> Needs help; <input type="checkbox"/> Get out the bulldozer		
3. Upon your arrival at camp, what was your reaction to the registration procedure? <input type="checkbox"/> Lightning fast and simple; <input type="checkbox"/> Efficient and organized; <input type="checkbox"/> As expected; <input type="checkbox"/> Slow and congested; <input type="checkbox"/> Unbearable		
4. What activity did you or your child enjoy least?		
5. What activity did you or your child enjoy most?		
6. What did your child mention concerning the Christian Growth Bible studies or evening campfire singing and First or Last Word devotional times?		
7. How were you treated by camp staff: i.e. counselors, office staff, or other camp personnel?		
8. What was your child's reaction to his/her overall camp experience? How has your child changed or grown emotionally or spiritually as a result of this experience?		

Continued on next page . . .

9. How likely are you to recommend Camp Omega to others (please circle one of the following: 1 being "would not recommend" and 10 being "very willing to recommend")?

12..... 3..... 4..... 5..... 6..... 789..... 10

10. Please evaluate your experience with Camp Omega prior to your arrival.

	Very Positive	Positive	Indifferent	Negative	Very Negative	
Web-site navigation	1.....	2	3	4.....	5	N/A
Summer brochure	1.....	2	3	4.....	5	N/A
Staff visit at church or school	1.....	2	3	4.....	5	N/A
Registration process.....	1.....	2	3	4.....	5	N/A
Post registration material.....	1.....	2	3	4.....	5	N/A
Phone conversations with staff.....	1.....	2	3	4.....	5	N/A
On-site check in process.....	1.....	2	3	4.....	5	N/A

11. Please mark each accordingly to the camper's interest.

	Very Positive	Positive	Indifferent	Negative	Very Negative	
Counselor & staff.....	1.....	2	3	4.....	5	N/A
Food quality.....	1.....	2	3	4.....	5	N/A
Food quantity	1.....	2	3	4.....	5	N/A
Facilities.....	1.....	2	3	4.....	5	N/A
Christian growth/Bible studies.....	1.....	2	3	4.....	5	N/A
Activity times.....	1.....	2	3	4.....	5	N/A
Evening program activities.....	1.....	2	3	4.....	5	N/A
Evening campfires	1.....	2	3	4.....	5	N/A
Closing service.....	1.....	2	3	4.....	5	N/A

12. Please explain your motivation for attending and/or sending your child to Camp Omega.

13. How likely is it that you and/or your child will attend summer camp at Camp Omega again next summer?

Definitely; Most likely; Undecided; Not very likely; Not a chance

14. Is there anything else you'd like us to know or like to comment on?

15. Please leave us your contact information so we may use your comments in future publications or if you'd like to be added to our e-news list. Thank you. Please check if you'd like someone from Camp Omega to contact you.

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Thank you for participating in this evaluation. Your comments are of great value as we continue to effectively share the good news of Jesus Christ through the ministry of Camp Omega! "He died for all, that those who live should no longer live for themselves but for Him who died for them and was raised again" 2 Corinthians 5:15