



Silver Lake Forest Education Society - EVALUATION

Box 20023, Kelowna, BC - V1Y 9H2
Phone: 250.717.0033 Fax: 250.717.3231

Groups Name: _____

Date at Camp: _____ Contact Person: _____

EVALUATION

1 - Were the facilities satisfactory in terms of cleanliness and good repair? YES NO

COMMENTS:

2 - Were you happy with the meal service? Would you suggest any changes? YES NO

COMMENTS:

3 - Did the staff meet your needs and expectation? YES NO

What training would you suggest that our staff take to improve our service?

COMMENTS:

4 - How did you find out about us? _____

5 - What was the most pleasant part of your stay?

6 - What was the least pleasant part of your stay?

7 - What topics were covered in your program. _____

What would you like to see change? _____

8 - What programs would you like to see offered? _____

9 - Final Comments:
