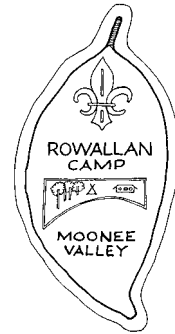


YOUR FEEDBACK

We hope your enjoyed your stay at Rowallan camp.

Please take a few minutes to complete this questionnaire to help us improve our facilities and to maintain the Camp at a high standard.

Please return the completed questionnaire to the Ranger on departure or via mail.



www.rowallan.org.au
camp@rowallan.org.au

Name: _____ Date _____

How did you find out about Rowallan Camp?

- Camping Association Word of mouth Camp Brochure
- Magazine advertisement Been before
- Scout advertisement Other _____

How would you evaluate the standard of the ...

Excellent Good Satisfactory Fair Poor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Booking service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written information / documentation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Equipment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kitchen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Activity hall <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dormitories <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amenities block <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other facilities/Activities <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Condition on Arrival <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rangers	Comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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Would you camp with us again? Yes No

If not, why not? _____

What did you most enjoy about our Camp?

What could we most improve at our Camp?

If you would like us to add you to our camp email list please write your email address here:

Thank you for you time, we look forward to seeing you at Rowallan in the future.