



**OVERNIGHT YOUTH CAMPING PROGRAM
GROUP LEADERS SURVEY**

Arrival date of your group: _____ Group Name: _____

Group leader's name (optional): _____

Which Ship did you bunk on? (Please circle) **BATTLESHIP MASSACHUSETTS** or **JOSEPH P. KENNEDY, JR.**

Please rate the following categories based on your group's experience:

1 = very poor 2 = poor 3 = good 4 = very good 5 = excellent

Original arrangements by phone and mail: please check appropriate box

Questions were answered courteously	1	2	3	4	5
Emailed materials provided accurate information	1	2	3	4	5
Overall experience with original arrangements	1	2	3	4	5
<i>Comments or suggestions:</i>					

Check In: please check appropriate box

Handled courteously	1	2	3	4	5
Overall experience with check-in	1	2	3	4	5
<i>Comments or suggestions:</i>					

Bunking Accommodations: please check appropriate box

Transfer from store to bunking area went smoothly	1	2	3	4	5
Accommodations were clean	1	2	3	4	5
Overall experience with bunking accommodations	1	2	3	4	5
<i>Comments or suggestions:</i>					

On Board Arrangements: please check appropriate box

Staff members were helpful	1	2	3	4	5
Questions were answered courteously	1	2	3	4	5
Problems were resolved efficiently	1	2	3	4	5
Overall impression	1	2	3	4	5
<i>Comments or suggestions:</i>					

1 = very poor 2 = poor 3 = good 4 = very good 5 = excellent

Evening Movie/ Question & Answer Period:

please check appropriate box

Person presenting program was helpful and courteous	1	2	3	4	5
Content of presentation	1	2	3	4	5
Overall experience with movie/ question & answer period	1	2	3	4	5
<i>Comments or suggestions:</i>					

Food Services/ AI Mac's Galley:

please check appropriate box

Dinner- quality of food (excluding Friday overnight)	1	2	3	4	5
Ration Snack (Friday overnight)	1	2	3	4	5
Breakfast- quality of food	1	2	3	4	5
AI Mac's Galley employees were courteous and helpful	1	2	3	4	5
Food was served in a timely fashion	1	2	3	4	5
Overall impression of food services	1	2	3	4	5
<i>Comments or suggestions:</i>					

Facilities and Exhibits:

please check appropriate box

Cleanliness of restrooms	1	2	3	4	5
Cleanliness of food services area	1	2	3	4	5
Cleanliness of exhibit spaces	1	2	3	4	5
Content of exhibit	1	2	3	4	5
<i>Comments or suggestions:</i>					

Did your group enjoy their visit? (Please circle) Yes No

Have your visited us before? (circle) Yes No **Would you visit us again?** (circle) Yes No

If no, why not? - _____

What other overnight programs have/will you participate in this year (or next)?

Any further comments or suggestions? _____

