CUB SCOUT OVERNIGHT CAMP EVALUATION

CAMP SESSION (Circle one)

Mom and Me Fun with Son Webelos Resident Camp

CAMP LOCATION (Circle one)

Camp Warren Levis Camp Joy Camp Vandeventer

CAMP DATES _____

1. Registration/Check-in Process (efficiency, timeliness, easy to understand, etc)

1	2	3	4	5	6	7	8	9	10
The Worst									The Best

Comments: _____
_____
_____

2. Food/Kitchen Staff/Dining Hall (facility, quality/quantity of food, staff, efficiency, etc)

1	2	3	4	5	6	7	8	9	10
The Worst									The Best

Comments: _____
_____
_____

3. Health Lodge (facility, staff, efficiency, etc)

1	2	3	4	5	6	7	8	9	10
The Worst									The Best

Comments: _____
_____
_____

4. Activity Stations (quality, quantity, length of sessions, variety, etc)

1	2	3	4	5	6	7	8	9	10
The Worst									The Best

Comments: _____
_____
_____

5. Aquatics (swimming, boating, creek, if applicable) (facility, program, staff, etc)

1	2	3	4	5	6	7	8	9	10
The Worst									The Best

Comments: _____
_____
_____

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6. Shooting Sports (BB's, Archery, Slingshots, if applicable) (facility, program, staff, etc)

1	2	3	4	5	6	7	8	9	10
The Worst									The Best

Comments: _____
_____
_____

7. Other Activities (campfire, movie, chapel, ceremonies, etc)

1	2	3	4	5	6	7	8	9	10
The Worst									The Best

Comments: _____
_____
_____

8. Facility (the camp facility itself, not the staff)

1	2	3	4	5	6	7	8	9	10
The Worst									The Best

Comments: _____
_____
_____

9. Camp Staff

1	2	3	4	5	6	7	8	9	10
The Worst									The Best

Comments: _____
_____
_____

What was your favorite activity? _____
What was your least favorite activity? _____

Would you like to volunteer on the Camp Staff in the future? YES NO

Your Name, Phone and Email (optional): _____