



Returning Camper Survey

CAMPER NAME: _____ #years at Kingsmont: _____

If there is not enough room please use the back of this page or a separate sheet

1. What one thing would you never change about Camp Kingsmont?

2. What would you change about Camp Kingsmont and why?

3. What evening activities do you enjoy? Which ones do you not enjoy so much? What suggestions could you make that would make evening activities more enjoyable?

4. Anything else you want us to know to make camp the most fun it could possibly be?

Camper Testimonials... This is where you write about your experience at camp and how it has affected your life. What you love about camp and what you are looking forward to. Please feel free to write on the reverse side of this page.
