

## Summer Recreation Evaluation

In keeping with our mission statement to serve our membership in a positive manner and provide a quality summer program, please take some time to complete this form. It may not be feasible to use your suggestions; however, we will always take the time to review your comments. Return the form to the Recreation Office, email to [blsoffice@caltel.com](mailto:blsoffice@caltel.com) or mail to Box 712, Arnold CA 95223

NAME \_\_\_\_\_ Lot \_\_\_\_\_ Unit \_\_\_\_\_ Date: \_\_\_\_\_

1. In general, did you find the facility clean? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment: \_\_\_\_\_

2. How was the Snack Bar service/food? (Circle, with five as the highest ranking)

1 2 3 4 5

Comment: \_\_\_\_\_

3. How do you rate the summer recreation program? (Circle, with five as the highest ranking)

1 2 3 4 5

Comment: \_\_\_\_\_

4. If you have children, what are their ages? \_\_\_\_\_

5. What children or family activities would you like to see added to our lineup?  
\_\_\_\_\_

6. If you had a problem were you satisfied with how it was handled? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment: \_\_\_\_\_

7. Any other comments?  
\_\_\_\_\_

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***We value your opinion and appreciate your feedback. Thank you.***