

BLUFF SPRINGS CAMPGROUND EVALUATION

Activity: _____ Dates of Activity: _____

Activity Director: _____ Phone Number: _____

Please use the following scale to answer the questions:

- 1 Strongly Agree
- 2 Agree
- 3 Neutral
- 4 Disagree
- 5 Strongly Disagree

Use the space below each question for any additional comments.

	1	2	3	4	5	
The information packet I received was helpful.	1	2	3	4	5	N/A
The grounds were clean upon our arrival.	1	2	3	4	5	N/A
The grounds staff was helpful.	1	2	3	4	5	N/A
The cost of the grounds was appropriate.	1	2	3	4	5	N/A
The facilities were adequate for our activities.	1	2	3	4	5	N/A
The facilities were in working order.	1	2	3	4	5	N/A
The meals were satisfactory.	1	2	3	4	5	N/A
Safety precautions were adequate.	1	2	3	4	5	N/A
Recreation/Waterfront equipment was adequate.	1	2	3	4	5	N/A
We will use Bluff Springs in the future.	1	2	3	4	5	N/A

Please make any comments that will help us improve the Grounds. Use additional pages as needed.

Please return evaluation to:

Bluff Springs Campground
1300 Liahona Trail
McDavid, Florida 32568
bluffspringscampground@gmail.com