

2012 LMU SUMMER SPORTS CAMPS QUESTIONNAIRE

We hope your child enjoyed their experience at camp. Please take a few moments to complete our questionnaire and return it to one of the coaches on the last day of camp or you can mail it to *LMU Summer Sports Camps, Gersten Pavilion, 1 LMU Drive, MS 8505, Los Angeles, CA 90045*. Your feedback will help us to better serve our community in the future.

CAMP SPORT: _____
CAMP DATES: _____
COACH'S NAME: _____

Please rate the following by circling the appropriate number:										
	1 = Poor Experience					10 = Great Experience				
Location	1	2	3	4	5	6	7	8	9	10
Registration Process	1	2	3	4	5	6	7	8	9	10
Camp Hours	1	2	3	4	5	6	7	8	9	10
Camp T-Shirt	1	2	3	4	5	6	7	8	9	10
Recreation Swim Time	1	2	3	4	5	6	7	8	9	10
Staff/Coaches	1	2	3	4	5	6	7	8	9	10
Curriculum (as it pertains to the sport)	1	2	3	4	5	6	7	8	9	10
Lunch	1	2	3	4	5	6	7	8	9	10
Overall Camp Experience	1	2	3	4	5	6	7	8	9	10

Additional Comments: _____

Thank you for your input!!