

DEERHAVEN CAMPGROUND EVALUATION

(Condition of campgrounds and performance of managers)

Please return no later than 30 days to: Debbie Bartlett, PO Box 196262, Winter Springs, FL 32719-6262

ACTIVITY _____ DIRECTOR _____ MANAGER _____

1. Did you contact the Manager prior to the day of your camp? If yes, why: _____

2. List any help you requested of the Campground Manager before or during camp. How did he/she respond?

3. In your opinion, were facilities clean and in good order when you arrived at Deerhaven? Yes___ No___
If NO, indicate problems: _____

Air conditioners	cabins/bunks/fans	bathrooms	fire extinguishers	playground equipment
Health facilities	lawn/rec areas	stove	mixer/slicer	waterfront
Meeting areas	pole building	main bldg.	Screened porch	kitchen serving area
Craft room	storage over kitchen	staff bldg.	Tables/chairs	other

4. Did you have problems with insects, rodents, etc.? YES___ NO___ (Be aware that food in cabins attracts rats, mice, roaches, etc.) (f YES, where and what?) _____
5. Did you have maintenance problems with camp property? (electricity, toilets, icemaker, AC, garbage removal, etc.) YES, list here: _____
6. Did you have sufficient supplies? YES___ NO___ If NO, list here: _____
7. Were facilities adequate for your camp? YES___ NO___ Comment: _____
8. Did Campground Manager serve as a member of the staff? YES___NO___ If YES, what position? _____
How many hours? _____
9. Did you or a representative go with the Campground Manager to check facilities at the close of your camp? YES___ NO___
10. The following recreation and waterfront equipment should be available for you to begin camp. Circle any you did not have available and usable. Be aware that you camp will be charged for any damages to this equipment occurring during your activity.

Ping pong set	horseshoes	earthball	football	softballs & bats
Volleyball & net	ping pong table	buddy board	basketball/basket	canoes/paddles
Tetherball & pole	4-square ball	archery equipment	life jackets/cushions	frisbees
Waterfront safety pole	safety ring on rope			

List equipment you would like to see provided for camps at Deerhaven? _____

11. Did your camp have a project to help maintain or improve Deerhaven? YES___NO___ If YES, what was it?

12. What improvements would you like made in these areas?
Outdoor facilities _____ Cabin areas _____
Multi-purpose buildings _____ Kitchen area _____
Staff building _____ Other _____

CAMP DIRECTOR SIGNATURE _____ DATE _____