

GREAT AUSSIE CAMP PROGRAM FEEDBACK



We hope you enjoyed your camp with us!

We value your feedback - To help us continue to develop and enhance our camp program, we ask if you could take a few moments to complete our feedback form and return it to our staff prior to your departure.

ORGANISER NAME

GROUP NAME

DATE OF CAMP NUMBER OF DAYS

EMAIL

CONTACT NUMBER

ARE YOU A - LEADER PARENT/GUARDIAN PARTICIPANT

OTHER (PLEASE SPECIFY)

PLEASE RATE THE FOLLOWING (please tick)

COMPONENT	EXCELLENT	GOOD	SATISFACTORY	DISAPPOINTING
Catering				
Accommodation				
Facilities used by the group				
Program and Activities				
Natural Environment				
Information provided for camp planning				
Support by Great Aussie staff				

We welcome any additional comments / suggestions:

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Would you like to re-book your school camp for the same dates next year? YES / NO (please circle)
 If you would like to re-book different dates for next year please write down your requested dates and we will do our best to accommodate your camp.....

Thank you for your time.

