## **CHARLOTTE HARBOR YOUTH SAILING**

## How Are We Doing?

We are committed to making your child's Sailing Camp the best possible fun and learning experience, so we welcome your comments. Please help your child fill out this questionnaire before the last day of camp and give it to the Camp Adult Advisor at the end of day awards presentation. Thank you.

Camp(s) attended:									
□ 1	□ 2	□3	□ 4	□ 5	□ 6	□ 7	□8	□ 9	COMMENTS:
Did you have fun at sailing camp?									
□1		□ 2		□ 3		□ 4		□ 5	
Did you learn a lot about sailing and water safety?									
□1		□ 2		□3		□ 4		□ 5	
Was your Head Instructor  Friendly?							es   🗆	No	
Was your Assistant Instructor Friendly? Knowledgeable? Enthusiastic and efficient?						☐ Yes   ☐ No ☐ Yes   ☐ No ☐ Yes   ☐ No			
Please rate the condition of your assigned boat.									
□1		□ 2		□ 3		□ 4		□ 5	
7								6	
Was our facility clean and well organized?									
□1		□ 2		□ 3		□ 4		□ 5	
1									
Pleas	e rate y	our ov	erall sa	il train	ing exp	erience	2.		
□ 1		□ 2		□ 3		□ 4		□ 5	
7									
How likely are you to attend future CHYS Sailing Camps?									
□ 1		□ 2		□ 3		□ 4		□ 5	
1								6	