



Camp Evaluation Form

To be filled in by the Camp Coordinator

Please mail of fax completed evaluation to
1885 Clements Rd, Unit 226, Pickering, ON L1W 3V4
905-427-0334

Host Church/ Community: _____ Date _____

Name of Camp Coordinator: _____

SU Coaches at Camp: _____

Sports Taught at Camp	
Total Number of Campers	
Number of Boys	
Number of Girls	
Approximate Number Of Children From Our Church	
Approximate Number Of Children From Other Churches	
Approximate Number Of Non-Churched Children	
Number Of First-Time Decisions For Christ	
How Did Campers Hear About Our Camp?	<input type="checkbox"/> Church <input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> Flyer <input type="checkbox"/> Poster <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Returning Camper



How would you rate the following:

	LOW		HIGH		COMMENTS
Leadership					
SU Director	0	1	2	3	_____
SU Coaches	0	1	2	3	_____
Training of Volunteers	0	1	2	3	_____
Administration <i>SU Office, Ressources etc.</i>	0	1	2	3	_____
Sports/Coaching	0	1	2	3	_____
Devotions (content)	0	1	2	3	_____
Devotions (delivery)	0	1	2	3	_____
Evangelism	0	1	2	3	_____

What are things that SU did well this year? _____

What are things that SU can improve on? _____

What would make an SU Camp easier to run next year? _____

Comments/Suggestions? _____

THANK YOU!