



Lutheran Outdoor Ministries Indiana-Kentucky

5215 N 450 W, Angola IN 46703

Email: lom-ik@juno.com

Phone: 260.667-7750

Website: www.lomik.org

Week attended: _____ Counselor's name _____

Dear Parents:

We hope you have had a chance to talk with your child about his/her week at camp. Please help us evaluate our performance by answering these questions. Thank you!

	High				Low
1. Parents' opinion of overall experience	5	4	3	2	1
2. Camper's opinion of overall experience	5	4	3	2	1
3. Camper's feelings about his/her counselor	5	4	3	2	1
4. Did camp provide an environment that encourages Christian growth?	5	4	3	2	1
5. Did camp provide an opportunity to live out Christian values?	5	4	3	2	1
6. Did camp encourage the development of a positive self-image?	5	4	3	2	1

7. WHAT DO YOU LIKE BEST ABOUT CAMP?

Parent comments:

Camper comments:

8. WHAT SUGGESTIONS DO YOU HAVE TO MAKE CAMP BETTER?

Parent comments:

Camper comments:

Names/addresses of friends who have not attended our summer camps, but may like to receive next year's camp brochure:

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____