



EVALUATION FORM

Thank you for allowing us to host your event. To enhance our service for all guests at Pine Trail Camp, we ask your assistance in completing this evaluation form.

GROUP NAME: _____

LEADER: _____

DATES AT PINE TRAIL: _____

CIRCLE ALL THAT APPLY:

Group: Church School Business Other: _____

Target Age: Pre-school K – 5th 6th – 8th 9th – 12th Post High Adults

Focus: Spiritual Retreat Training Fellowship Team Building
Other: _____

How Did We Do? (1 = Poor; 5 = Excellent)

	1	2	3	4	5	Comments:
Lodging (comfort, cleanliness)						
Meeting Rooms						
Dining Hall (comfort, cleanliness)						
Food (quality, quantity, variety)						
Staff Hospitality (friendliness, attentiveness, helpful)						
Activities						
Equipment (available, condition)						
What can Pine Trail Camp provide to make your time here more enjoyable?						
Highlights/Quotes:						

Leadership Only:

Comments:

Would you like to rebook for the same dates for next year?	YES	NO	
Would you like to book a different date for next year? If yes, when?	Yes	No	

We look forward to serving you again!

Please return completed form to:

**Pine Trail Camp
PO Box 35
Saugatuck, MI 49453**