

Minerva Campground Survey

Mail completed survey to: PO Box 937, Minerva NY 12851, or email: admin@townofminervany.gov

Registered Name: _____

Today's Date: _____

Date of camping: _____ Check for Seasonal Renter

Campsite #: _____

Please check yes or no to help us better evaluate our facility. Provide additional information if necessary.

Are you a seasonal camper? Yes No

Over all did you enjoy your camping experience? Yes No

Did you reserve your campsite in advance? Yes No

If Yes, were you satisfied with the assistance you received in making your reservation? Yes No

If No, why? _____

Were you happy with the condition of your camping site when you arrived? Yes No

If No, why? _____

Were you pleased with the location? Yes No

If No, why? _____

Did you find the restroom facilities clean? Yes No

Were there adequate amounts of toilet paper, paper towels & soap available? Yes No

Did you find the shower facilities clean? Yes No

If in need, were you able to find a Town of Minerva employee? Yes No

Did they address your needs/concerns in an acceptable manner? Yes No

If No, how could we have better assisted you? _____

Were the Town of Minerva employees courteous/friendly? Yes No

Please check any of the following amenities you used:

Shower Restrooms Changing House Tennis Courts Basketball Courts

Pavilion Boat Launch Beach Playground The Stand

Where there are problems or concerns at the amenities that you used? Yes No

If Yes, please describe. _____

Additional Comments: _____

{If more room is needed add additional comments to an email or second piece of paper, with this form}

Thank you for taking time to let us know your opinion. We take your opinion seriously. If it is something we can improve in coming seasons, we will do our best to make required changes.