

Camp Sabra



Camp Sabra – St. Louis Jewish Community Center

16801 Baxter Rd.

314-442-3432

Chesterfield, MO 63005

QUESTIONNAIRE FOR PARENTS & CAMPERS 2005 SEASON

Child's name: _____

Parent's name: _____

Address: _____

Telephone #: _____

Child's e-mail address: _____

Parent's e-mail address: _____

PLEASE CIRCLE ALL ANSWERS THAT APPLY

Session(s) attended: 1 1A 1B 2 2A 2B

Camp Sabra: Number of Years- include 2005: 1 2 3 4 5 6+

JCC (STL only) Day Camp: Number of years: 1 2 3 4 5 6+

Other overnight camp: Number of years: 1 2 3 4 5 6+

PLEASE CHECK ALL ANSWERS THAT APPLY

Camp Facilities:

	Excellent	Good	Fair	Unsatisfactory	Comments (please use additional paper if needed)
1. Cabins					
2. Bathroom Facilities					
3. Dining Hall					
4. Rec Hall					
5. Grounds					

Activities:

	Excellent	Good	Fair	Unsatisfactory	Comments (please use additional paper if needed)
1. Unit Day					
2. Landsports					
3. Horseback riding					
4. Sailing					
5. Skiing					
6. Log Roll					
7. Iceberg					
8. Blob					
9. Pool					
10. Ropes Course					
11. River trips					
12. Overnights					
13. Teva					
14. Arts and Crafts					
15. Photography					
16. Fishing					
17. Mountain Biking					
18. Sabra Purim					
19. Hip Hop Hoedown					
20. Israel Day					
21. Maccabia					
22. Camp Play					

23. Are there any activities that you or your child would like to see offered at Camp Sabra?

24. My child's favorite activity at Camp is:

Shabbat:

	Excellent	Good	Fair	Unsatisfactory	Comments (please use additional paper if needed)
1. Friday Dinner					
2. Services					
3. Shabbat programs					

Staff:

	Excellent	Good	Fair	Unsatisfactory	Comments (please use additional paper if needed)
1. Cabin counselors					
2. Other counselors					
3. Unit Heads and Area Directors					
4. Other staff					

Food:

	Excellent	Good	Fair	Unsatisfactory	Comments (please use additional paper if needed)
1. Dining Hall					
2. Packouts					
3. Overnights/trips					

DECISIONS TO SEND CAMPER(s)

Please describe, in brief, the reason you and your child chose Camp Sabra for 2005.

If you have not already registered your child for camp, are you planning to return for 2006?

Yes _____ No _____ Maybe _____

OUT OF TOWN CAMPERS ONLY:

Transportation arrangements were:

Satisfactory _____ Improvements needed _____

CAMP SABRA WEBSITE:

	Excellent	Good	Fair	Unsatisfactory
1. Information				
2. Hello Camper (e-mail program)				

Is there anything we can add to the website to better inform you or your child?

Would you be willing to host a Camp Sabra presentation in your home? The purpose would be to have the Camp Sabra Director share the Sabra experience with your child's friends/parents.

Yes _____ No _____

Please list below friends you would like us to send information to about Camp Sabra.

Name: _____

Address: _____

Telephone #: _____

Name: _____

Address: _____

Telephone #: _____

Name: _____

Address: _____

Telephone #: _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS SURVEY.

