

Black River Outdoor Education Program, Inc.
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(315)942-2299
website: www.blackriveroep.org

Please complete this survey today or FAX to (315)942-9169. Your input is important to us. Thank you!
The survey is also located on our website.

Name of school _____ Date of your visit _____

Campus (circle): Alder Creek Gorge Black Creek Landing Black River Lyons Falls
Black River Burdick's Crossing Black River Glenfield Black River Forest
Jackson Hill Sun Field Jackson Hill Telemark Potato Hill Farm
Towpath Feeder Canal

Activity (circle): Bike - Hike - Kayak - Cross Country Ski - Snowshoe

How was the organization of the day? 1 2 3 4 5 (lowest to highest)
Please explain:

Was the language student friendly and age appropriate for the experiences below? Be specific.

Hiking _____

Aerobic Activities _____

What was the best part of trip?

What was missing on the trip?

How would you rate the educational content of the activities? 1 2 3 4 5 (lowest to highest)
Please explain:

Were you clear on what was expected of your group prior to your trip? 1 2 3 4 5 (lowest to highest)
Please explain:

May we quote your comments? ___ yes ___ no Please circle: attributed or anonymous

Would you like to return for a future visit? _____ Fall _____ Winter _____ Spring

What dates are you interested in? _____

Your name, phone number & email _____