

Visitor Services Project — City of Rocks National Reserve

Introductory script used in contacting visitors:

Hello! The National Park Service is conducting a visitor survey at City of Rocks National Reserve to gather your opinions about the park's programs and services. Participation is voluntary, you have a choice to participate or not. If you decide to participate we would like to have the survey mailed back. The mail-back questionnaire takes about 20 minutes to complete during or after your visit. Would you like to participate?

IF NO: Thank you. **IF YES:** Thank you. Who in your group (at least 16 years old) has the next birthday?

Questions 1-4: Topic area 2—Trip/visit characteristics Question 5: Topic area 1—Individual Characteristics

- 1) What type of group are you traveling with today?
- 2) (If with an organized group (tours, school, etc.)) How many people are in your group?
- 3) How many adults, 18 years and older, are in your personal group?
- 4) How many children, 17 years and younger, are in your personal group?
- 5) How old is the person who will complete the questionnaire?

So we can thank you and remind you to mail back the questionnaire, please write your name, address, and email address/phone number. Thank you. Be sure to mail the questionnaire—your opinions are important!

1st follow-up printed on a scenic park postcard (sent to all participants 11 working days after completion of survey)

Dear Visitor:

Thank you for participating in the City of Rocks National Reserve visitor study. We look forward to hearing from you.

A select number of people were contacted for this study, so your opinions are very important!

If you have already returned your questionnaire, thank you. If not, please mail it today.

After eight months, look for the survey results at:
www.psu.uidaho.edu/vsp.reports.htm.

A handwritten signature in black ink, appearing to read 'W. F. Keck', written in a cursive style.

Wallace F. Keck, Superintendent
City of Rocks National Reserve

2nd follow-up note and letter with replacement questionnaire (sent to non-respondents 21 working days after completion of survey)



United States Department of the Interior

NATIONAL PARK SERVICE
City of Rocks National Reserve
P.O. Box xxx
City, ST ZIP Code

IN REPLY REFER TO:

October 16, 2008

Dear Visitor:

The National Park Service would like to thank you for participating in the City of Rocks National Reserve visitor study. Only a select number of visitors were contacted, therefore each visitor's opinions are very important.

If you have already returned your questionnaire, thank you. If you have not returned your questionnaire, please mail it today. Unless your questionnaire was mailed in the last few days, we would appreciate you completing the enclosed replacement questionnaire since we have not received yours as of today.

In approximately eight months, the results of the visitor survey will be posted on the Visitor Services Project website at www.psu.uidaho.edu/vsp.reports.htm.

If you have any questions regarding your questionnaire, please contact Margaret Littlejohn, National Park Service Visitor Services Project Director by phone 208-885-7863 or email: littlej@uidaho.edu.

Thank you for sharing your opinions with us.

Sincerely,

Wallace F. Keck, Superintendent
City of Rocks National Reserve

3rd follow-up letter with replacement questionnaire (sent to non-respondents 35 working days after completion of survey)



IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
Visitor Services Project
PSU, College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139

November 5, 2008

Dear Visitor:

I am writing about the visitor study at City of Rocks National Reserve, in which you agreed to participate. The waiting period for incoming questionnaires is almost over, and as of today we have not yet received yours. I would appreciate you completing another one unless you mailed it within the past few days.

The staff of City of Rocks National Reserve is anxiously awaiting the survey results. They want to use your ideas and opinions in making decisions about what services and programs to provide for visitors in the future.

I urge you to complete the enclosed questionnaire and return it by November 19. Your contribution to the success of this study is greatly appreciated.

In approximately eight months, the results of the visitor survey will be posted on the Visitor Services Project website at www.psu.uidaho.edu/vsp.reports.htm.

Should you have questions regarding your questionnaire, please contact me by phone: (208)-885-7863 or email: littlej@uidaho.edu.

Sincerely,

Margaret Littlejohn
Director, Visitor Services Project



Social Science Program
National Park Service
U.S. Department of the Interior
Visitor Services Project

City of Rocks National Reserve

Visitor Study





United States Department of the Interior

NATIONAL PARK SERVICE
City of Rocks National Reserve
P.O. Box 169
Almo, ID 83312

IN REPLY REFER TO:

September, 2008

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to City of Rocks National Reserve. This information will help us improve our management of this park and better serve you, our visitor.

This questionnaire will be given to only a select number of visitors, so your participation is very important! It should only take about 20 minutes after your visit to complete.

When your visit is over, please complete the questionnaire. Seal it with the stickers provided on the last page and drop it in any U.S. mailbox.

Results of this study will be available to the public in 2009 and will be posted on the web at www.nps.gov/ciro and www.psu.uidaho.edu.

If you have any questions, please contact Margaret Littlejohn, NPS VSP Director, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone: 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

Wallace F. Keck
Superintendent
City of Rock National Reserve

DIRECTIONS

At the end of your visit:

- 1) Please have the selected individual complete this questionnaire.
- 2) Answer the questions carefully since each question is different.
- 3) For questions that use circles (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this: ● Not like this: ✓ ✗ /

- 4) Seal it with the stickers provided.
- 5) Drop it in a U.S. mailbox.

Thank you!

PRIVACY ACT and PAPERWORK REDUCTION ACT statement:

16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed. Thus the permanent data will be anonymous. Please do not put your name or that of any member of your group on the questionnaire. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Burden estimate statement: Public reporting burden for this form is estimated to average 20 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; email: littlej@uidaho.edu.

Please go to the next page →

Your Visit To City of Rocks National Reserve

NOTE: In this questionnaire, **personal group** is defined as anyone that you are visiting the reserve with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

1. a) Prior to your visit, how did you and your personal group obtain information to plan your visit to City of Rocks National Reserve? Please mark (●) **all** that apply in column (a). [2.TPLAN11]
- b) On future trips to City of Rocks National Reserve, what sources would you and your personal group prefer to use to obtain information in planning your visit? Please mark (●) **all** that apply in column (b).

a) Prior to this visit (●)

b) On future visits (●)

- | | | | |
|-----------------------|--|--------------------------------------|-----------------------|
| <input type="radio"/> | Obtained no information prior to visit → | Go to part b of this question | |
| <input type="radio"/> | Previous visits | | <input type="radio"/> |
| <input type="radio"/> | Friends/relatives/word of mouth | | <input type="radio"/> |
| <input type="radio"/> | Travel guides/tour books (such as AAA, etc.) | | <input type="radio"/> |
| <input type="radio"/> | Maps/brochures | | <input type="radio"/> |
| <input type="radio"/> | Newspaper/magazine articles | | <input type="radio"/> |
| <input type="radio"/> | E-mail/telephone/written inquiry to the reserve | | <input type="radio"/> |
| <input type="radio"/> | Television/radio programs/videos | | <input type="radio"/> |
| <input type="radio"/> | City of Rocks National Reserve website: www.nps.gov/ciro/ | | <input type="radio"/> |
| <input type="radio"/> | Castle Rocks State Park website:
www.idahoparks.org/parks/castlerocks.aspx | | <input type="radio"/> |
| <input type="radio"/> | Other websites | | <input type="radio"/> |
| <input type="radio"/> | Travel agency | | <input type="radio"/> |
| <input type="radio"/> | State welcome center/Chamber of commerce | | <input type="radio"/> |
| <input type="radio"/> | Information from local motel or other business | | <input type="radio"/> |
| <input type="radio"/> | School class/program | | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify below) | | <input type="radio"/> |

This visit: _____ Future visits: _____

City of Rocks National Reserve Visitor Study

c) From the sources marked above, did you and your personal group receive the type of information about the reserve that you needed? [2.TPLAN12]

- No
↓
 Yes → **Go to Question 2**

d) If NO, what type of park information did you and your personal group need that was not available? Please be specific. [2.TPLAN13]

2. City of Rocks National Reserve is managed by the Idaho Department of Parks and Recreation through a cooperative agreement with the National Park Service. While the reserve is a unit of the National Park System, there are 640 acres in the heart of the reserve that are designated state park land. Prior to this visit, were you aware that two different organizations administer this site? Please mark (●) **one**. [1.KNOW12]

- Yes, aware of the two organizations managing City of Rocks
- No, thought City of Rocks is managed by National Park Service only
- No, thought City of Rocks is managed by the Idaho Department of Parks and Recreation only
- Not sure/not aware of either organization managing City of Rocks

3. On this visit, how many vehicles did you and your personal group use to arrive at the reserve? [1.GR4]

_____ Number of vehicles

4. How did this visit to City of Rocks National Reserve fit into your travel plans? Please mark (●) **one**. [2.TPLAN4]

- City of Rocks National Reserve was primary destination
- City of Rocks National Reserve was one of several destinations
- City of Rocks National Reserve was not a planned destination

5. a) On this visit, how long did you and your personal group stay at City of Rocks National Reserve? Please list partial hours and days as 1/4, 1/2, or 3/4. [3TRIPC11]

_____ Number of hours, **if less than 24 hours** (e.g. ¼ hr, 1 ½ hrs, 5 ¾ hrs)

OR

_____ Number of days, **if 24 hours or more** (e.g. 1 ¼ day, 2 ½ days, 3 ¾ days)

City of Rocks National Reserve Visitor Study

b) How long did you and your personal group stay in the City of Rocks National Reserve **area** (within a 50-mile radius of Almo)? [3.TRIPC11]

_____ Number of hours **if less than 24 hours** (e.g. ¼ hr, 1½ hr, 4¾ hrs)

OR

_____ Number of days **if 24 hours or more** (e.g. 1¼ day, 2½ days, 5¾ days)

6. a) In what town/city did you and your group stay on the **night before your arrival** at City of Rocks National Reserve? If you stayed at home please write the name of the town and state where you live. [3.TRIPC16]

Nearest city/town _____ State _____

b) In what town/city did you and your group stay on the **night after your departure** from City of Rocks National Reserve? If you stayed at home please write the name of the town and state where you live. [3.TRIPC17]

Nearest city/town _____ State _____

7. a) In which communities did you and your personal group obtain support services (e.g. information, gas, food, lodging) for this visit to City of Rocks National Reserve? Please mark (●) **all** that apply. [3.TRIPC18]

None → **Go to part b of this question**

Almo Albion Burley

Declo Malta Oakley

Other (Please specify) _____

b) Were you and your personal group able to obtain all of the services that you needed in these communities? [3.TRIPC19]

No Yes → **Go to Question 8**



c) If NO, what needed services were not available? [3.TRIPC20]

Service (List)

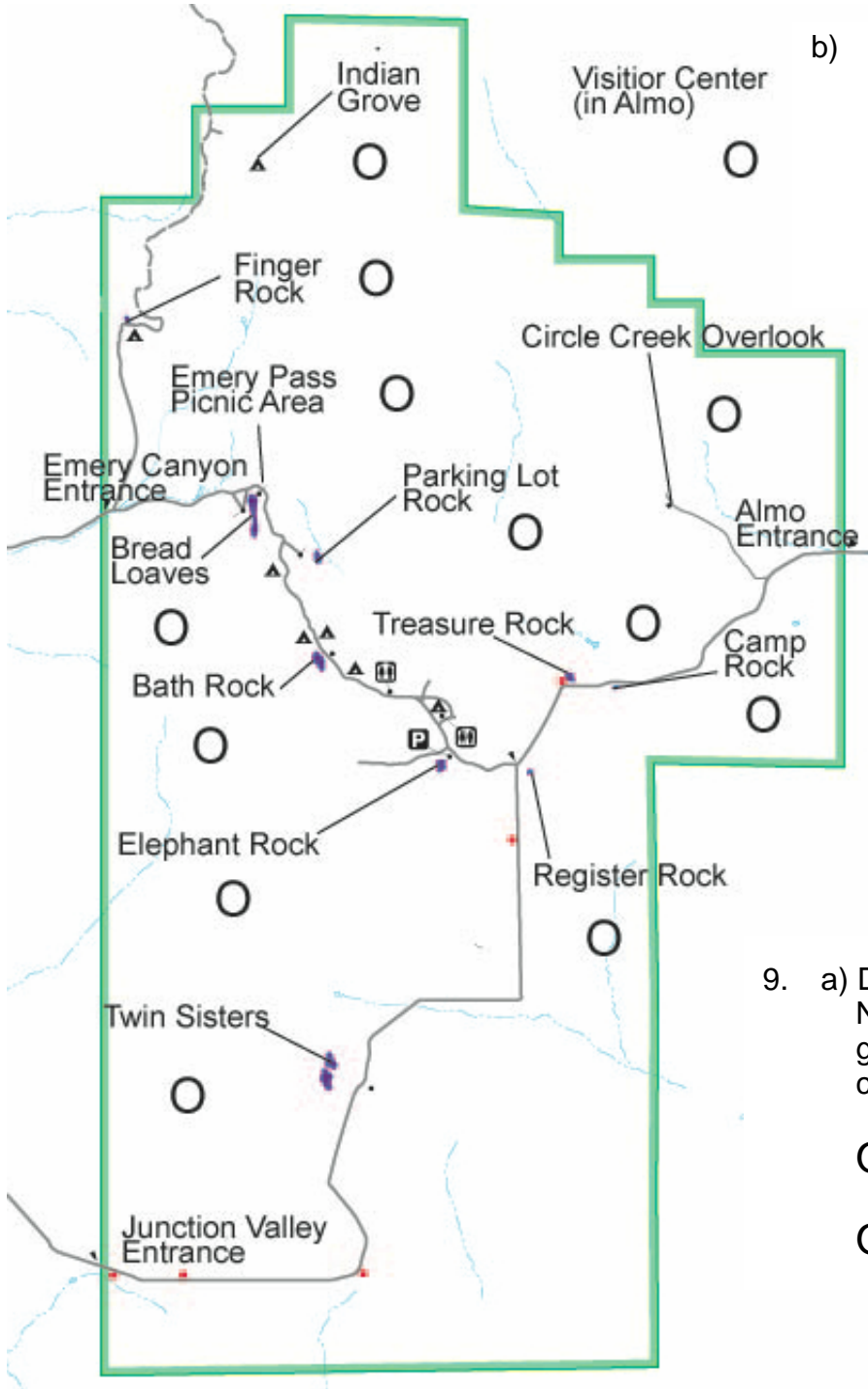
Comments (Please be specific)

_____	_____
_____	_____
_____	_____

8. a) On this visit to City of Rocks National Reserve did you and your personal group visit Castle Rocks State Park?

Yes No

City of Rocks National Reserve Visitor Study



b) On this visit to City of Rocks National Reserve, which of the following sites did you and your personal group visit? Please mark (●) **all** that apply on the map. [3.ACT19]

9. a) During this visit to City of Rocks National Reserve, did you and your group participate in any type of rock climbing activity? [3.ACT22 variation]

- Yes
- No → **Go to Question 10b**

b) If YES, where in the City of Rocks National Reserve did you climb?

c) Which **one rock formation** was your most preferred place to climb?

Q. 10: Topic area 3 — Visitor activities and use of park resources

10. a) On this visit, what type of rock climbing activity did you and your personal group participate in? Please mark (●) **all** that apply in column (a).
- b) If you were to visit City of Rocks National Reserve in the future, what type of rock climbing activities would you and your personal group prefer? Please mark (●) **all** that apply column (b).

a) This visit (●) _____ **b) On future visits (●)**

- | | | |
|-----------------------|---|-----------------------|
| <input type="radio"/> | Traditional rock climbing (with traditional gear) | <input type="radio"/> |
| <input type="radio"/> | Sport climbing (bolted routes) | <input type="radio"/> |
| <input type="radio"/> | Bouldering (climbing large boulders without a rope or gear) | <input type="radio"/> |
| <input type="radio"/> | Scrambling without rope or gear | <input type="radio"/> |

11. a) Please indicate how safe you and your group felt in the following locations during this visit to City of Rocks National Reserve. Please mark (●) **one** answer for each location. [variation of 6.EVALSERV19]

How safe did you feel in the reserve?

Location	Very unsafe	Somewhat unsafe	Neither safe/unsafe	Somewhat safe	Very safe
On roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On climbing routes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In campsites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In parking areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- b) If you marked that you felt “very unsafe” or “somewhat unsafe” for any of the above locations, please explain why. [6.EVALSERV20]

Q. 12: Topic area 2 — Trip/visit characteristics

12. a) Did you and your personal group bring pet(s) on this visit to City of Rocks National Reserve?

Yes No → **Go to Question 13**

- b) Did you bring/take your pet(s) on any trails in the reserve?

Yes No

City of Rocks National Reserve Visitor Study

13. a) On this trip, did you and your personal group stay overnight **away from home** inside the City of Rocks National Reserve or in the area within 50 miles of Almo?

- Yes No → **Go to Question 15**

b) If YES, please list the number of nights you and your personal group stayed.

_____ Number of nights inside City of Rocks National Reserve

_____ Number of nights outside reserve within 50 miles of Almo

c) and d) In what type of lodging did you and your personal group spend the night(s)? Please mark (●) **all** that apply. [3.TRIPC15]

c) Inside reserve

d) Outside reserve within 50 miles

- | | | |
|-----------------------|--|-----------------------|
| n/a | Lodge, motel, cabin, rented condo/home, or bed & breakfast | <input type="radio"/> |
| <input type="radio"/> | RV/trailer camping | <input type="radio"/> |
| <input type="radio"/> | Tent camping in developed campground | <input type="radio"/> |
| <input type="radio"/> | Backcountry camping | <input type="radio"/> |
| n/a | Personal seasonal residence | <input type="radio"/> |
| n/a | Residence of friends or relatives | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify below) | <input type="radio"/> |

Inside _____ Outside _____

e) If you and your personal group **did not** stay in City of Rocks National Reserve campgrounds, why not? Please mark (●) **all** that apply.

- | | | | |
|-----------------------|-------------------------------------|-----------------------|---------------------------|
| <input type="radio"/> | Facility was full | <input type="radio"/> | Location not convenient |
| <input type="radio"/> | Facilities lacked desired amenities | <input type="radio"/> | Lacked desired facilities |
| <input type="radio"/> | Other (Please specify) _____ | | |

14. a) Did you and your personal group use the reserve's camping reservation system? [6.EVALSERV9 variation]

- Yes No → **Go to Question 15**

b) If YES, which methods did you and your personal group use to make your reservation? Please mark (●) **all** that apply in column (c).

c) Please rate the quality of the service received while using the reservation system. Please mark (●) **one** response for the method(s) you **used**.

City of Rocks National Reserve Visitor Study

	c) Method used	d) If used, what quality?				
		Very poor	Poor	Average	Good	Very good
Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e) Please explain any ratings of “very poor” or “poor” in column d, [6.EVALSERV13]

Website _____

Telephone _____

15. It is the National Park Service’s responsibility to protect City of Rocks National Reserve’s natural, scenic, and cultural resources and visitor experiences that depend on these. How important is protection of the following to you and your group? Please mark (●) one answer for each attribute/resource/experience. [6.OPMGMT4]

Attribute/resource/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic trail landscape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Western rural setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretive/informational programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (hiking, camping, climbing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark, starry night sky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

City of Rocks National Reserve Visitor Study

16. a) On this visit, what activities did you and your personal group participate in while at City of Rocks National Reserve? Please mark (●) **all** that apply in column (a). [3.ACT22]

b) If you were to visit City of Rocks National Reserve in the future, what activities would you your personal group prefer to participate in the reserve? Please mark (●) **all** that apply column (b).

a) This visit (●) _____ **b) Future visits (●)**

- | | |
|--|-----------------------|
| <input type="radio"/> General sightseeing | <input type="radio"/> |
| <input type="radio"/> Taking photographs/painting/drawing | <input type="radio"/> |
| <input type="radio"/> Learning/studying geology | <input type="radio"/> |
| <input type="radio"/> Birdwatching | <input type="radio"/> |
| <input type="radio"/> Nature study (wildlife, wildflowers, etc.) | <input type="radio"/> |
| <input type="radio"/> Camping | <input type="radio"/> |
| <input type="radio"/> Hiking (not walking to rock climbing site) | <input type="radio"/> |
| <input type="radio"/> Following historic trail | <input type="radio"/> |
| <input type="radio"/> Mountain biking | <input type="radio"/> |
| <input type="radio"/> Horseback riding | <input type="radio"/> |
| <input type="radio"/> Rock climbing (technical, sport, bouldering, etc.) | <input type="radio"/> |
| <input type="radio"/> Picnicking | <input type="radio"/> |
| <input type="radio"/> Hunting | <input type="radio"/> |
| <input type="radio"/> Touring/driving City of Rocks Backcountry Byway | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below) | <input type="radio"/> |

This visit _____ Future visits _____

c) Which **one** of the above activities was the primary activity that you and your personal group participated in at City of Rocks National Reserve on this visit? [3.ACT23]

d) What resources and/or facilities would enhance your participation in this activity? Please explain.

City of Rocks National Reserve Visitor Study

17. a) Please mark (●) **all** visitor services and facilities that you or your group **used** during this visit to the City of Rocks National Reserve. [6.EVALSERV21]
- b) Next, for only those services and facilities that you or your group **used**, please rate their importance from 1-5.
- c) Finally, for only those services and facilities that you or your group **used**, please rate their quality from 1-5.

a) Visitor services and facilities used	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
Mark (●)		
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Self-guided tour booklets	_____	_____
<input type="radio"/> Visitor center	_____	_____
<input type="radio"/> Sales items in park bookshop (selection, price, etc.)	_____	_____
<input type="radio"/> Visitor center restrooms	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Picnic areas	_____	_____
<input type="radio"/> Campsites	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____
<input type="radio"/> Wayside exhibits	_____	_____
<input type="radio"/> City of Rocks National Reserve website: www.nps.gov/ciro/ (used before or during visit)	_____	_____

18. Overall, how would you rate the quality of facilities, services, and recreational opportunities at City of Rocks National Reserve during this visit? Please mark (●) **only one**. [6.EVALSERV1]

Very poor Poor Average Good Very good

City of Rocks National Reserve Visitor Study

19. What other local and regional attractions did you and your personal group visit on this trip to City of Rocks National Reserve? Please mark (●) **all** that apply. [3.TRIPC29]

- Hagerman Fossil Beds National Monument
- Craters of the Moon National Monument and Preserve
- Minidoka Internment National Monument
- Yellowstone National Park
- Grand Teton National Park
- Golden Spike National Historic Site
- Other (Please specify) _____

20. On this visit, were you and your personal group with the following types of groups? Please mark (●) **one** for each. [1.GR6]

- a) Commercial guided tour group Yes No
- b) School/educational group Yes No
- c) Other organized group Yes No
(business, church, scout, etc.)

21. On this visit, what kind of personal group (not guided tour/school/other organized group) were you with? Please mark (●) **one**. [1.GR5]

- Alone Family
- Friends Family and friends
- Other (Please specify) _____

22. On this visit, how many people were in your personal group, including yourself? [1.GR3]

_____ Number of people

23. a) & b) When visiting an area such as City of Rocks National Reserve, what **one** language do you and most members of your personal group prefer to use for the following? [1.LANG2]

- a) Speaking: English Other (Specify) _____
- b) Reading: English Other (Specify) _____

City of Rocks National Reserve Visitor Study

28. a) On a future visit to City of Rocks National Reserve, what topics would you and your personal group like to learn about in interpretive programs? Please mark (●) **all** that apply. [3.FVIS7]

Not interested in interpretive programs → **Go to Question 29**

- | | |
|--|---|
| <input type="radio"/> Historic pioneer trail | <input type="radio"/> Western ranching heritage |
| <input type="radio"/> Geology | <input type="radio"/> Rock climbing |
| <input type="radio"/> Plants | <input type="radio"/> Wildlife |
| <input type="radio"/> Other (Please specify) _____ | |

b) What types of interpretive programs would you and your personal group like to attend to learn about the park's cultural and natural history? Please mark (●) **all** that apply. [3.FVIS7]

- Not interested in learning → **Go to Question 29**
- | | |
|--|--|
| <input type="radio"/> Wagon rides | <input type="radio"/> Auto tour |
| <input type="radio"/> Horseback rides | <input type="radio"/> Children's activity |
| <input type="radio"/> Walk/hike | <input type="radio"/> Amphitheater program |
| <input type="radio"/> Other (Please specify) _____ | |

29. If you were a manager planning for the future of City of Rocks National Reserve, what would you propose? Please be specific. [6.OPMGMT6]

30. Is there anything else you and your personal group would like to tell us about your visit to City of Rocks National Reserve? [6.OPMGMT7]

Thank you for your help! Please seal the questionnaire with the stickers provided and drop it in any U.S. mailbox.

OFFICIAL BUSINESS

**Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139**