

X/XX/XXXX

Date: _____

APPENDIX D: GLACIER BAY VISITOR SURVEY CONTACT SHEET MULTI-DAY BACKCOUNTRY VISITORS

1. How many people are in your personal traveling party?

_____ Number of people

2. Please check the makeup of your personal traveling party:

- Individual
- Family
- Friends
- Family and friends
- Other _____
(please specify)

3. What year were you born? 19 ____ ____

4. What are the ages of the people in your personal traveling party:

5. How many nights do you plan to spend in the backcountry?

_____ Number of nights plan to spend in backcountry

6. Do you plan to take the park day tour boat as part of this kayaking trip in order to view Margerie and Grand Pacific Glaciers?

- Yes
- No
- Don't know

7. Are you: FEMALE MALE

8. What is your home Zip or Postal Code? (If you live outside of the United States, please write the name of your country.)

Location (please circle one) VIS GUIDE

OMB Approval: XXXX-XXXX

Expiration date:

X/XX/XXXX

Date: _____

We would like to send you a questionnaire that asks about your experiences during this trip in Glacier Bay National Park and Preserve. It is estimated to take on average 25 minutes to complete. To participate in this second part of the survey, please provide your name and address so that we can send you that questionnaire. This information will not be used for any purposes other than this survey.

PLEASE WRITE CLEARLY

First Name

Last Name

Street Address

City

State

Zip or Postal Code

Country, if not USA