Visitor Comment Card

For Camping and Day-use Recreation

(Personal Interview or Mail Survey)

OMB 0710-0001

Expires: 30 September 2012

The public report burden for this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, Attn.: Desk Officer for U.S. Army Corps of Engineers. Respondents should be aware that notwithstanding any other provision of law, 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. Please DO NOT RETURN your completed form to either of these offices.



Thank You!

Your thoughtful feedback today will help make future visits here more enjoyable and worthwhile for everyone.



Visitor Comment Card

For Camping and Day-use Recreation

OMB Approval 0710-0001,	Exp. 30 Nov 200
Scheduled Survey: Day-Use	Other Protocols Solicited
Camping	Self-Service
All Visitors	Other
Today's Date:/_	DD YYYY)

Please help us serve you better on future visits to:				Too	day's Date: _ (M		2000	
Recreation Area:	Project:					IM DD Y	YYY) 	
Previous visits to this recreation area: 1. Is this your first visit to this recreation area? (Choose one) Yes No Not Sure 2. If not, how many other times have you visited this area in the last 12 months? (Enter number)	Use of park facilities at this area: Did you do any of the following at this recreation area during your current visit? (Check all that apply) Stay overnight in campground Use restrooms or showers Use swimming beach Use a recreational trail Use picnic facilities Use boat or facilities at a marina Launch a boat Other:							
Visitor fees:	About yourself: 1. Home postal (ZIP) code: (Write In)							
During your current visit:	1		_		(Write In)			
1 Did you use an annual pass or a senior or disability discount pass to offset the fees charged at this area? (Choose one) Yes No Not Sure 2. Did you pay a fee to enter or use this area? (Choose one) Yes No Not Sure	(Choose one for each item) 2. You live in: U. S. Canada Mexico Other 3. Age: Under 25 25-44 45-61 62+ 4. Gender: Female Male 5. Ethnic affiliation: Hispanic or Latino Not Hispanic or Latino American Indian or Alaska Native White or Caucasian Asian or Asian American Bi-racial or Multi-racial Black or African American Other Native Hawaiian or other Pacific Islander							
Please indicate your level of satisfaction with each of the following items: (Check one box for each item)								
ltem		Very Good	Good	Not Good Not Poor	Poor	Very Poor	Does Not Apply	
Facilities: Suitability of park facilities for my recreational equipment and Restroom cleanliness and availability of conveniences Appearance of park grounds Adequacy of signs providing directions and information Parking space availability during this visit Condition of roads and parking areas in the park	activities							
Employees: Availability of park rangers and staff								
Helpfulness of park rangers and staff								
Environmental Setting:								
Attractiveness of surrounding scenery and landscape Quality of land and water resources for my activities								
Overall: Waiting times needed to access park facilities and services								
Feeling of safety and security in the park Value received for any visitor fees paid								
Overall satisfaction with my visit to this area								
What did you like most about this area? (Describe)								

What did you **like most** about this area? (Describe)

What **improvements** would you like to see in this area? (Describe)