

Class/Group Questionnaire

The Catalina Experience™ at White's Landing

Contact Name: _____ Dates of Trip: _____

Group Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Alternate phone #: _____ Email: _____

Grade(s) attending camp: _____

Number of years attending a camp on Catalina Island: _____

If you have attended other camps what have you liked/ disliked? _____

What do you hope to accomplish on your trip to Catalina? _____

Are the confirmation materials easy to understand and /or follow? _____

If not, how can we help? _____