

KIDS Summer Camp - Feedback Form

Name:

Age:

Date of birth:

Email:

Tick (✓) THREE activities you did while at the Summer Camp

Storytelling

Computer Activities

Arts and Crafts

Cooking

Water Games

Young Scientists

Tell us about your favourite activity.

How much did you like it?



What did you like about it?

Would you tell your friends about the Summer Camp?

YES

NO

What would you tell them?

How can we make the Summer Camp better next year? Give us one (1) idea!

Thank you for filling in this feedback form. We hope to see you again next Summer!