

15. Do you have any suggestions as to how we can promote and build awareness for our CHH program?

16. Would you like your child to attend a summer sports camp? Yes _____ No _____

17. Would you like your child to attend social events in the evening after camp sessions?
Yes _____ No _____

18. What types of camp programs has your child attended? (Circle all that apply)

Special Needs Extending School Year Township Church

Other _____

A. Of these camps above why did you choose them?

B. If you choose the camp due to hours what hours do you prefer?

C. Did this camp provide transportation? Yes _____ No _____

To be entered into our drawing;

Name _____

Address _____

City, _____ State _____ Zip _____

Email address _____

Thank you for your time and interest in Camp High Hopes!!!!

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