

FORMER PONACKIAN QUESTIONNAIRE

**Please ask your son to complete in his own handwriting.*

Name: _____ Age at camp _____ This will be my _____ year at Ponacka.

Last year I was in _____ cabin/tent. I went to _____ on my canoe trip.

If you have your Swim Kids 8 would you like to do a lake swim? Yes No If Yes, How many? _____

Which boys would you like in your cabin/tent group this year? (Please list in order of preference)

Who do you **not** want in your group?

Who would you like as your counsellors? _____

Is there anyone you do **not** want as your counsellor?

What was your favourite **evening program** last summer? _____

What was your least favourite **evening program**? _____

What was your favourite **Sunday Program**? _____

What was your least favourite **Sunday program**? _____

List ideas to make this summer special _____

What didn't you like, or thought could be improved at camp? _____

Please circle the activities that you have **never** tried at camp:

WATERSKIING ROPES CLIMBING WALL BUSHCRAFT POTTERY

KAYAKING SAILING WINDSURFING BIKING OTHER _____

If you have any friends who may wish to come to Ponacka in the future, please write their names and addresses:
