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ALL SUMMER. ALL YEAR.  
ALL LIFE.

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Camper Name: «First\_Name» «Last\_Name»

Cabin: «BunkPlan2\_Bunk»

1. Are you having fun at camp?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No
2. Would you recommend Beber to a friend?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No
3. Do you have a friend at camp?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No
4. Do you like your counselors?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No
5. Do you like your hobbies?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No
6. Do you like your cabin activities?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No
7. Do you like evening programs?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No
8. Do you like Shabbat at camp?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No
9. Do you feel safe at camp?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No
10. Do you feel the camp facilities are clean?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No
11. Are you satisfied with the food?      \_\_\_\_\_ Yes ☺      \_\_\_\_\_ No

Is there anything else you want to share? Use the back for more space if you want to tell us more!

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