



## Rental Group Feedback

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1. Name of Rental Group: \_\_\_\_\_

2. Date(s) used: \_\_\_\_\_

3. Was this your first time at Camp Brethren Heights?    Yes    No

4. How did you hear about Camp Brethren Heights? \_\_\_\_\_

5. What was the best feature/amenity about camp?

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6. Are there any improvements you would suggest that we make?

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7. Describe your experience of CBH Staff.

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8. What will you tell family/friends about your experience at CBH?

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9. Overall, how would you rate your experience at CBH?

1 2 3 4 5 6 7 8 9 10  
Poor    Average    Excellent

10. Do you think you will use Camp Brethren Heights for your event again? Why or Why not?

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ADDITIONAL COMMENTS & SUGGESTIONS:

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**\*\*Please continue any additional comments or suggestions on the reverse side.  
(Please return to Camp Office)**

**--Thank you for helping us grow our ministry!**