

CAMPERSHIP DEMOGRAPHIC STUDY

REPORT DATE _____

NAME OF THE EVENT					
Date(s) of Event					
Event Representative					
Event Reps. Phone Number					
Ages of Participates					
Number of Male & Female					
Number of Adult Chaperones					
Ratio of Adults to Children					
Total Number of Vehicles used					
Handicap Requirements (if needed)					
Range Use					
Additional Needs					
Suggested Improvements					
Additional Comments (If any)					