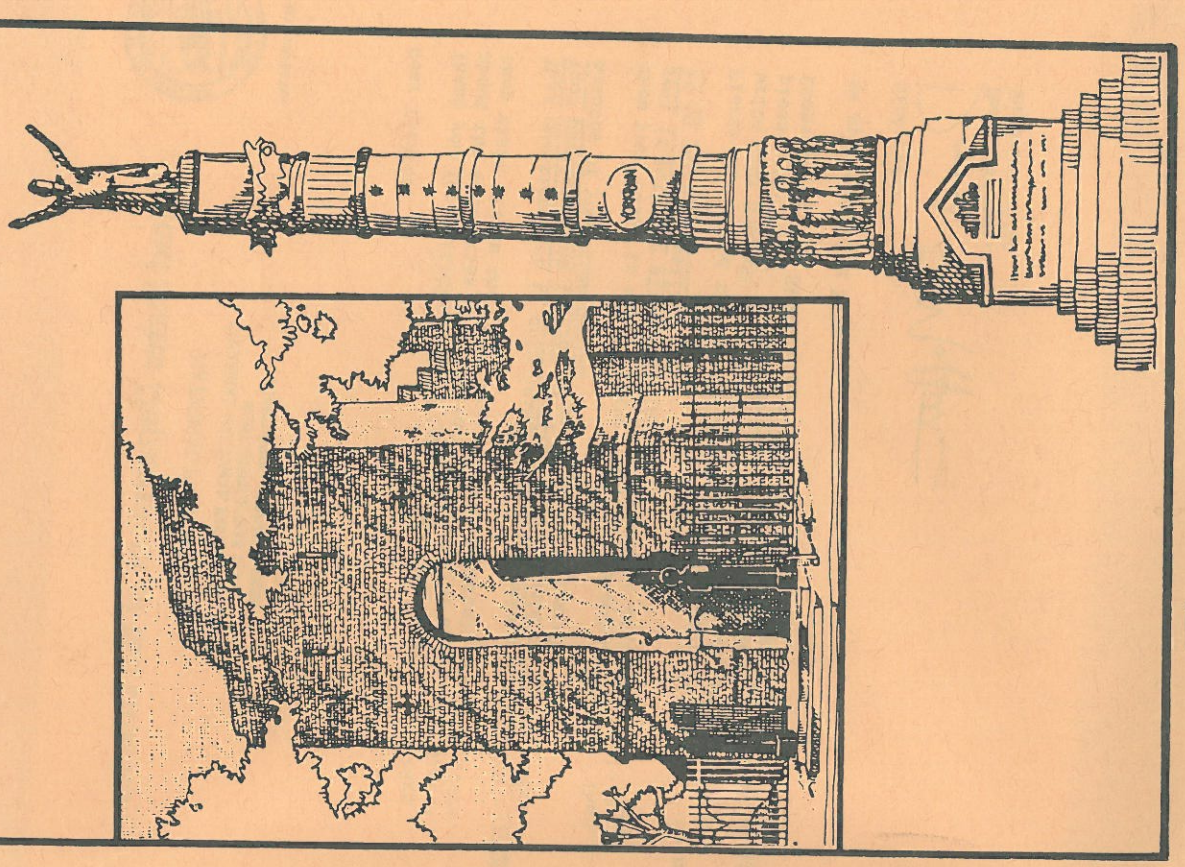
1987
10

Colonial Visitor Study



The Visitor Services Project

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Cooperative Park Studies Unit
College of Forestry, Wildlife, and Range
Sciences
University of Idaho
Moscow, Idaho 83843

OMB Approval 1024-0[illegible]5

United States Department of the Interior

NATIONAL PARK SERVICE

COLONIAL NATIONAL HISTORICAL PARK
POST OFFICE BOX 210
YORKTOWN, VIRGINIA 23690

IN REPLY REFER TO:

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Colonial enjoy, the places they visit within the park, and to more accurately count visitors.

This questionnaire is only being given to a select number of visitors. Your participation is very important! It should only take a few minutes of your time during your visit to Colonial.

When your visit is over, please complete the questionnaire. Then, seal it with the sticker provided on the last page and simply drop it in any U.S. mailbox.

Please be assured that all of the information is confidential. Do not write your name on the questionnaire. If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate you help.

Sincerely,

David L Moffitt

David Moffitt,
Superintendent

IMPORTANT

Colonial National Historical Park includes Jamestown National Historic Site, Yorktown National Battlefield, and the Colonial Parkway.

When did you first enter Colonial National Historical Park this visit?

_____ DAY OF THE WEEK (M,T,W,Th,F,S,Su)

_____ TIME OF DAY _____ am. _____ pm.

DIRECTIONS

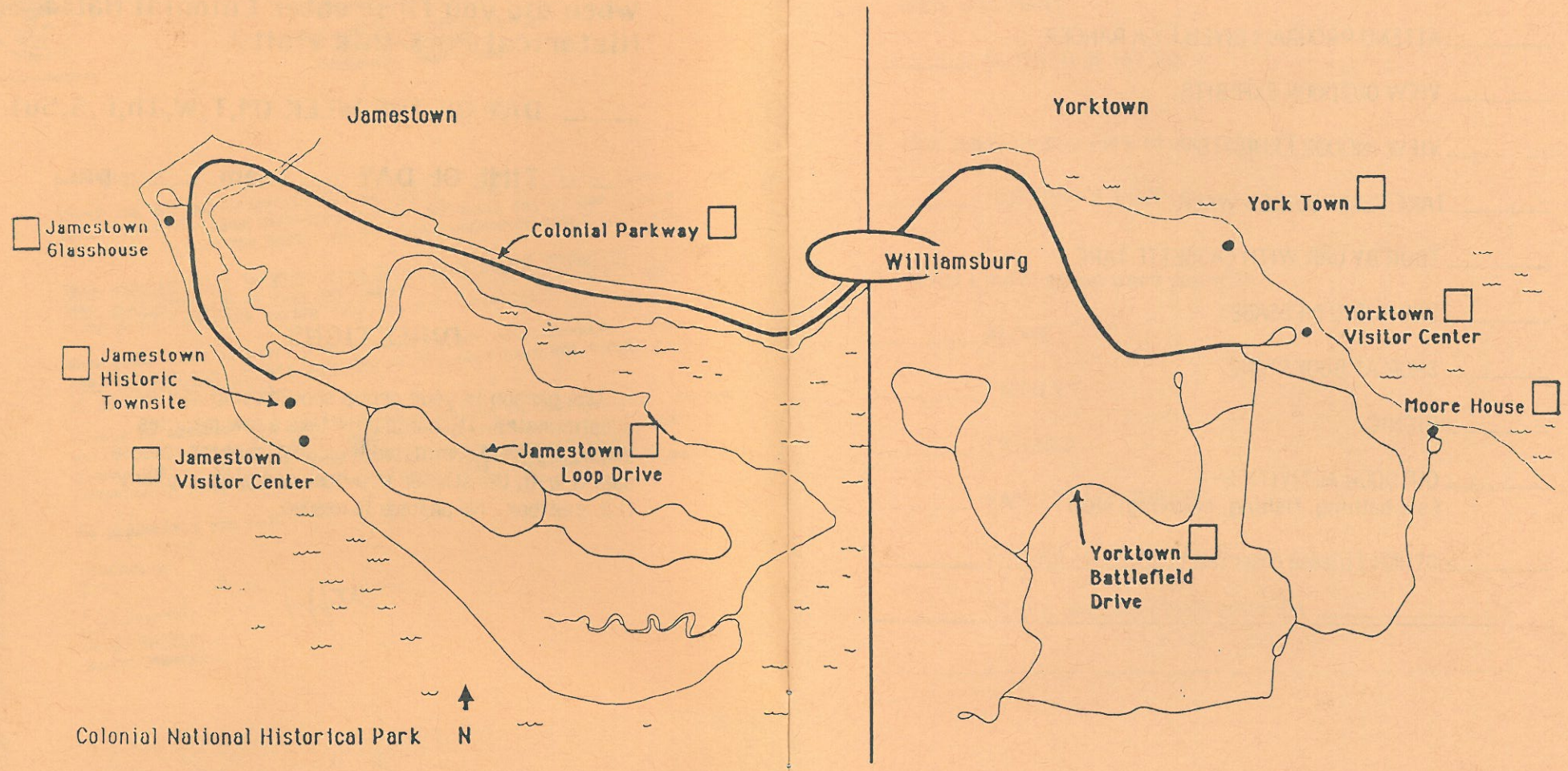
One person in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox. No postage is needed.

PLEASE GO ON TO NEXT PAGE

PLACES YOU VISITED

On the map below, please indicate the order of the places you visited in Colonial National Historical Park. Simply write 1st, 2nd, 3rd, and so forth, in the box beside each place you visited.

If you did not visit any of these places, please go on to page 6.



PLEASE GO ON TO NEXT PAGE

YOUR ACTIVITIES

Please check (✓) the activities that you and your group did in Colonial National Historical Park during your visit.
(Please check all that apply.)

_____ ATTEND FILM OR AUDIO-VISUAL PROGRAM

_____ ATTEND PROGRAM GIVEN BY A RANGER

_____ VIEW OUTDOOR EXHIBITS

_____ VIEW INDOOR EXHIBITS

_____ TAKE SELF-GUIDED WALK

_____ TOUR BY CAR WITH CASSETTE TAPE

_____ USE AUDIO MESSAGE

_____ SHOP AT BOOKSTORE

_____ PICNIC

_____ OUTDOOR ACTIVITIES--
(sunbathing, fishing, relaxing, etc.)

_____ OTHER (please describe: _____

_____)

YOU AND YOUR OPINIONS

We hope you enjoyed your visit to Colonial National Historical Park. Below are several questions that will help us learn about the people who participated in the study and their thoughts about the park.

1. How many hours did you spend in Colonial National Historical Park this visit?

_____ NUMBER OF HOURS

2. How many people were in your group?

_____ NUMBER OF PEOPLE

3. What kind of group were you with?

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ GUIDED TOUR GROUP

_____ OTHER GROUP (please describe: _____

_____)

PLEASE GO ON TO NEXT PAGE

4. For yourself and each member of your group, please indicate:

1) your age on your last birthday

2) the zip code of your permanent residence (if you are from a country other than the United States, please give the name of that country), and

3) the number of times you have visited Colonial National Historical Park, including this visit.

	AGE	ZIP CODE (country)	# TIMES VISITED
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____

additional members: (If large group, indicate sponsoring organization)

_____

_____

5. Are you or any of your group a member (or related to a member) of the U.S. armed forces stationed in southeastern Virginia?

_____ YES

_____ NO

If so, which base?

_____

6. During this visit to the Williamsburg area, which other attractions did you and your group visit? (Please check all that apply.)

_____ BUSCH GARDENS

_____ COLONIAL WILLIAMSBURG

_____ VIRGINIA BEACH

_____ WILLIAMSBURG POTTERY FACTORY

_____ JAMESTOWN FESTIVAL PARK

_____ YORKTOWN VICTORY CENTER

_____ OTHER (Please list: _____

_____)

PLEASE GO ON TO NEXT PAGE

7. Why did you and your group come to Colonial National Historical Park? (Please describe your reasons.)

_____

_____

_____

_____

_____

_____

8. Did you find it difficult to locate Colonial National Historical Park?

_____ YES

_____ NO

If so, how could locating Colonial National Historical Park be made easier? (Please explain.)

_____

_____

_____

_____

PLEASE GO ON TO NEXT PAGE

9. Is there anything else you would like to tell us about your visit to Colonial National Historical Park?

_____

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Thank you for your help. Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox--no postage is needed.