

BCKC - Trip Evaluation



***Note:** Filling out a trip evaluation is optional and may be signed or anonymous. When complete, please mail it to:
Barrie Canoe and Kayak Club, Box 23, Barrie, Ontario, L4N 4S9
Attention: Tripping Coordinator

Destination and date of trip: _____

Planning

1. Were you made aware of trip details? (paddling distance, number & difficulty of portages, experience required, how to contact leader) Yes / No
2. Were you made aware of the potential risks? (moving water, water levels, waves on open water, weather conditions, terrain) Yes / No
3. Were the trip logistics well planned? (car pooling, departure time, driving directions, expense sharing, etc.) Yes / No
4. Was the trip appropriate for the season? Yes / No
5. Was a pre-trip meeting held? Yes / No
6. Did you attend? Yes / No
7. Was the leader adequately prepared for the pre-trip meeting? (Details of route, maps, equipment list, food suggestions, etc.) Yes / No

Additional comments concerning planning: _____

Trip

1. Were the trip details and conditions as described? Yes / No
2. Would you recommend this as a destination for future trips? Yes /No
3. Any highlights? _____

4. Was all necessary equipment available on the trip? Yes / No
5. If no, what was missing? _____

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6. Was food preparation and cleanup smoothly handled? Yes / No
7. Were there any first aid incidents and were they properly handled? Yes / No

Additional comments concerning the trip: _____

Group Dynamics

1. Were duties shared among participants? Yes / No
2. Was there a feeling of camaraderie? Yes / No
3. Did the leader demonstrate good leadership qualities?
(decision making, skill modeling and development, conflict resolution, etc.) Yes / No
4. Did trip leader consider group safety at all times? Yes / No
5. Was a schedule agreed upon and adhered to?
(Time on water, meals, time off the water) Yes / No
6. Did trip leader share information about schedule changes related to conditions or other
unanticipated incidents? Yes / No
7. Would you recommend this trip to others? Yes / No

Overall Trip Rating:

Poor Fair Good Very Good Excellent

Any additional comments: _____

Thank-you for your help!

PLEASE PRINT NAME (optional) _____