Biscayne National Park

Visitor Study

The Visitor Services Project
March, 2001

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Biscayne National Park. This information will assist us in our efforts to better manage this site and to serve you, the visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should take a few minutes after your visit to complete.

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

If you have any questions, please contact Margaret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, College of Natural Resources, P.O. Box 441133, University of Idaho, Moscow, Idaho 83844-1133, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

[Signature]

Linda Canzanelli
Superintendent
DIRECTIONS

One adult in your group should complete the questionnaire. It should 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. We appreciate your help.

PRIVACY ACT and PAPERWORK REDUCTION ACT statement: 16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed. Thus the permanent data will be anonymous. Please do not put your name or that of any member of your group on the questionnaire. Data collected through visitor surveys may be disclosed to the Department of Justice when relevant to litigation or anticipated litigation, or to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Burden estimate statement: Public reporting burden for this form is estimated to average 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Office of Information and Regulatory Affairs of OMB, Attention Desk Officer for the Interior Department, Office of Management and Budget, Washington, D.C. 20503; and to the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

PLEASE GO ON TO THE NEXT PAGE
YOUR VISIT TO BISCAYNE NATIONAL PARK

1. a) Prior to your visit, how did you and your group get information about Biscayne National Park? Please check (√) all that apply.

   ____ RECEIVED NO INFORMATION PRIOR TO VISIT ✧ GO ON TO QUESTION 2
   ____ PREVIOUS VISIT(S)
   ____ FRIENDS/ RELATIVES/ WORD OF MOUTH
   ____ TRAVEL GUIDE/ TOUR BOOK
   ____ CABLE TV VISITOR CHANNEL
   ____ VIDEOS/ TELEVISION/ RADIO PROGRAMS
   ____ TELEPHONE, E-MAIL OR WRITTEN INQUIRY TO PARK
   ____ NEWSPAPER/ MAGAZINE ARTICLES
   ____ INTERNET—BISCAYNE NP HOME PAGE (www.nps.gov/bisc/)
   ____ INTERNET—OTHER WEB SITE
   ____ CHAMBER OF COMMERCE
   ____ CONVENTION/ VISITOR’S BUREAU
   ____ DIVE SHOPS
   ____ INFORMATION AT MARINA
   ____ TACKLE OR BAIT SHOPS
   ____ OTHER (Please specify: ____________________________)

b) From the sources checked above, did you and your group receive the type of information about the park that you needed?

   ____ NO      ____ YES      ____ NOT SURE

   GO ON TO QUESTION 2

c) If NO, what type of park information did you and your group need that was not available? Please be specific.
2. On this trip, what were the reasons that you and your group visited Biscayne National Park? Please check (√) all that apply.

- PASSING THROUGH THE PARK
- VIEWING SCENERY/ SIGHTSEEING
- BOATING
- FISHING
- PARTICIPATING IN OTHER WATER SPORTS (sailing, canoeing, water skiing, diving, snorkeling, swimming)
- PICNICKING
- WALKING/ HIKING
- BIRD WATCHING
- OTHER (Please specify: ____________________________)

3. a) How did this visit to Biscayne National Park fit into your travel plans? Please check (√) only one.

- BISCAYNE NP WAS THE PRIMARY DESTINATION ➔ GO ON TO QUESTION 4
- BISCAYNE NP WAS ONE OF SEVERAL DESTINATIONS
- BISCAYNE NP WAS NOT A PLANNED DESTINATION

b) If Biscayne National Park was not your primary destination on this trip, what was your primary destination?

__________________________________________________________

4. On this visit, what forms of transportation did you and your group use to visit Biscayne National Park? Please check (√) all that apply.

On land                                                      On water

- PRIVATE VEHICLE                                          - PRIVATE MOTOR BOAT
- RENTAL VEHICLE                                            - PRIVATE SAILBOAT
- BICYCLE                                                   - RENTAL MOTOR BOAT
- CHARTER BUS                                               - RENTAL SAIL BOAT
- CHARTER BUS                                               - FISHING GUIDE BOAT
- CONCESSION TOUR BOAT                                       - CONCESSION TOUR BOAT
- CANOE/ KAYAK                                              - CANOE/ KAYAK
- OTHER (Please specify: ____________________________)

(Please specify: _____________________________________________)

PLEASE GO ON TO THE NEXT PAGE ➔
5. a) On this visit to Biscayne National Park, what activities did you and your group participate in? Please check (✓) all that apply.

b) Please list the general zones where you and your group did the following activities. Use the map on the next page to find the location zone or list the place name from the park brochure/map.

<table>
<thead>
<tr>
<th>(✓) Activity</th>
<th>Please list location zone(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALKING/HIKING</td>
<td></td>
</tr>
<tr>
<td>NATURE VIEWING:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>birding</td>
</tr>
<tr>
<td></td>
<td>fish/coral</td>
</tr>
<tr>
<td></td>
<td>general scenery</td>
</tr>
<tr>
<td>DIVING/SNORKELING:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>reef</td>
</tr>
<tr>
<td></td>
<td>shipwreck</td>
</tr>
<tr>
<td>CAMPING:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>on boat</td>
</tr>
<tr>
<td></td>
<td>on island</td>
</tr>
<tr>
<td>CANOEING/KAYAKING</td>
<td></td>
</tr>
<tr>
<td>SAILING</td>
<td></td>
</tr>
<tr>
<td>SEEKING SOLITUDE</td>
<td></td>
</tr>
<tr>
<td>POWER BOATING</td>
<td></td>
</tr>
<tr>
<td>PICNICKING</td>
<td></td>
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<tr>
<td>WINDSURFING</td>
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<tr>
<td>SWIMMING</td>
<td></td>
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<tr>
<td>FISHING:</td>
<td></td>
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<tr>
<td></td>
<td>shell</td>
</tr>
<tr>
<td></td>
<td>game</td>
</tr>
<tr>
<td></td>
<td>spear</td>
</tr>
<tr>
<td></td>
<td>other:</td>
</tr>
<tr>
<td>WATERSKIING</td>
<td></td>
</tr>
<tr>
<td>PHOTOGRAPHY:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>underwater</td>
</tr>
<tr>
<td></td>
<td>above water</td>
</tr>
<tr>
<td>OTHER ACTIVITY</td>
<td>(Please describe: ________________ )</td>
</tr>
</tbody>
</table>
6. For this visit, please list the order you visited the following places in Biscayne National Park. Please write 1, 2, 3, and so forth on the line beside each place you visited. If you did not visit a place, please leave that line blank. Use the map above to help you locate the places you visited.

- DANTE FASCELL VISITOR CENTER
- CONVOY POINT (area around visitor center)
- BAYFRONT MARINA
- MATHESON MARINA
- BLACK POINT MARINA
- BISCAYNE CHANNEL
- FOWEY ROCKS TOWER
- BOCA CHITA KEY
- SANDS KEY
- ELLIOT KEY
- ADAMS KEY
- PACIFIC REEF
- OTHER (Please describe: ________________________________)

PLEASE GO ON TO THE NEXT PAGE ➔
7. a) On this trip, did you and your group stay overnight away from home within the Miami and/or the Florida City/ Homestead areas?

    YES                     NO   $\Rightarrow$ GO ON TO QUESTION 8

d) Please list the number of nights you and your group stayed in the Miami and/or Florida City/ Homestead areas.

   NUMBER OF NIGHTS IN FLORIDA CITY/ HOMESTEAD AREA

   NUMBER OF NIGHTS IN MIAMI AREA

c) In what type of lodging did you and your group spend the night(s)? Please check (√) all that apply.

   Outside park

   Miami area(√)  Florida City/ Homestead area(√)

    LOYDE, MOTEL, CABIN, RENTED CONDO/ HOME, B&B  

    CAMPGROUND/ TRAILER PARK

    SEASONAL RESIDENCE

    RESIDENCE OF FRIENDS OR RELATIVES

    OTHER (Please specify: ______________________________)   

8. a) Did you and your group start this visit to Biscayne National Park at a marina?

   YES                     NO   $\Rightarrow$ GO ON TO PART 8c

d) If YES, at which of the following marinas did you begin your trip? Please check (√) only one.

   BAYFRONT MARINA  BLACK POINT MARINA

   MATHESON MARINA    CRANDON PARK MARINA

   OTHER (Please specify: ______________________________)   

c) If you did not start this visit to Biscayne National Park at a marina, where did you and your group start from? Please check (√) only one.

   PARK VISITOR CENTER  $\Rightarrow$ GO ON TO QUESTION 9

   FOLLOWING INTRACOASTAL WATERWAY  $\Rightarrow$ GO ON TO QUESTION 9

   OTHER LOCATION (Please specify: ______________________________)   

9. On this visit, how long did you and your group stay at Biscayne National Park? Please list partial hours or days as 1/4, 1/2, etc.

   If less than 24 hours:  NUMBER OF HOURS

   If 24 hours or more:  NUMBER OF DAYS

   (Please list partial days as 1/4, 1/2, etc.)
10. a) Please check (√) the visitor services and facilities that you or your group used during this visit to Biscayne National Park.

b) Next, for only those services and facilities which you or your group used, please rate their importance from 1-5.

c) Finally, for only those services and facilities which you or your group used, please rate their quality from 1-5.

<table>
<thead>
<tr>
<th>Use facility/service?</th>
<th>If used, how important?</th>
<th>If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (✓)</td>
<td>Not important 1</td>
<td>Extremely important 4</td>
</tr>
<tr>
<td></td>
<td>Very poor 1</td>
<td>Very good 5</td>
</tr>
<tr>
<td>PARK BROCHURE/MAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARK NEWSPAPER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER EXHIBITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER VIDEO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER BOOKSTORE SALES ITEMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSISTANCE FROM PARK STAFF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RANGER-LED PROGRAMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARKING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESTROOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS FOR PEOPLE WITH DISABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMPGROUNDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOCKS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOORING BUOYS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAVIGATIONAL AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONCESSION BOAT TOUR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please go on to the next page ➤
11. For any of the following elements that you and your group experienced in Biscayne National Park, please indicate how they affected your park experience. Please check **one** answer for each element.

**Affect your park experience?**  
Improved  No effect  Detracted from

Noise from:
- BOAT MOTORS
- AIRCRAFT ENGINES
- GENERATORS
- OTHER VISITORS
- OTHER: ____________________
- NUMBER OF BOATS AT ANCHORAGES
- FISH TAKE LIMIT

12. It is the National Park Service’s responsibility to protect Biscayne National Park’s natural, scenic and cultural resources, while at the same time providing for public enjoyment. How important is protection of the following resources/qualities to you? Please circle **one** response for each resource.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORAL REEFS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>ORIGINAL KEYS HABITAT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>SUBMERGED SHIPWRECKS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>OTHER HISTORIC AND ARCHEOLOGICAL SITES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>NATURAL QUIET</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>SOLITUDE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>RECREATIONAL OPPORTUNITIES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>NATIVE PLANTS/ ANIMALS (both land and underwater)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>ENDANGERED SPECIES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>WATER QUALITY AND FLOW</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
</tbody>
</table>
13. If you and your group were looking for solitude and quiet in Biscayne National Park, to what location would you go?

- DON'T KNOW
- Please specify location(s): _____________________________________________

14. What language do you or members of your group prefer to speak and write?

Please check (✓) only one.

- ENGLISH
- GERMAN
- SPANISH
- CREOLE
- FRENCH
- OTHER (Please specify: ____________________________)

15. On this visit, what kind of personal group (not guided tour/ school group) were you with? Please check (✓) only one.

- ALONE
- FAMILY
- FRIENDS
- FAMILY AND FRIENDS
- OTHER (Please describe: ____________________________________________)

16. On this visit, how many people were in your personal group, including yourself?

- NUMBER OF PEOPLE

17. For you and your personal group, please indicate:

<table>
<thead>
<tr>
<th>GENDER</th>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th>NUMBER OF VISITS MADE TO THIS PARK (including this visit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M=Male</td>
<td></td>
<td></td>
<td>Past 12 months</td>
</tr>
<tr>
<td>F=Female</td>
<td></td>
<td></td>
<td>2 to 5 years ago</td>
</tr>
</tbody>
</table>

YOURSELF

MEMBER #2

MEMBER #3

MEMBER #4

MEMBER #5

MEMBER #6

MEMBER #7

PLEASE GO ON TO THE NEXT PAGE
18. For you and each of the adults in your group on this visit, please indicate the current income level. Please check only one answer for each person.

<table>
<thead>
<tr>
<th>Current income level</th>
<th>$20,000 or less</th>
<th>$20,001-$40,000</th>
<th>$40,001-$60,000</th>
<th>$60,001-$80,000</th>
<th>$80,001 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADULT #2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ADULT #3</td>
<td></td>
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</tr>
<tr>
<td>ADULT #4</td>
<td></td>
<td></td>
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<tr>
<td>ADULT #5</td>
<td></td>
<td></td>
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<tr>
<td>ADULT #6</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>ADULT #7</td>
<td></td>
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</tr>
</tbody>
</table>

19. In what ethnicity and race would you place yourself?
   a) Ethnicity: Please check (✓) one.
      _____ HISPANIC OR LATINO
      _____ NOT HISPANIC OR LATINO

   b) Race: Please check (✓) all that apply.
      _____ AMERICAN INDIAN OR ALASKA NATIVE
      _____ ASIAN
      _____ BLACK OR AFRICAN AMERICAN
      _____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
      _____ WHITE

20. a) During this visit to Biscayne National Park, was there anything specific which you or your group expected to see or do, but were not able to?
    _____ YES                   _____ NO ➔ GO ON TO QUESTION 21

    b) If YES, what was it you expected to see or do? __________________________
       __________________________
       __________________________

    c) What kept you from seeing or doing what you expected to?
       __________________________
       __________________________
       __________________________

21. Do you think that recreational fishing is an appropriate activity to be allowed in Biscayne National Park?
    _____ YES                   _____ NO                   _____ NOT SURE
22. As the number of recreational fishermen and number of fish harvested increase with increasing numbers of visitors, do you think Biscayne National Park managers should place additional controls on fishing activity?

_____ YES  _____ NO  _____ NOT SURE

23. If you went fishing on this visit to Biscayne National Park, what are the most important factors that result in a successful fishing experience to you? Please rank the factors below from 1 to 6 (most important to least important).

_____ DID NOT FISH ON THIS VISIT ➔ GO ON TO QUESTION 24

_____ NUMBER OF FISH CAUGHT

_____ SIZE OF FISH CAUGHT

_____ TYPE/ SPECIES OF FISH CAUGHT

_____ NUMBER OF LEGAL-SIZED FISH YOU CAN TAKE HOME

_____ NUMBER OF OTHER FISHERMEN ENCOUNTERED WHILE FISHING

_____ BOAT RAMP/ LAUNCHING CONDITIONS (degree of crowding, etc.)

_____ OTHER (Please specify: ___________________________)

24. In order to protect the number of species of fish and shellfish, and numbers of each species, the following fisheries management techniques may be used in Biscayne National Park. What is your opinion about each of the following techniques? Please check one answer for each.

<table>
<thead>
<tr>
<th>Technique</th>
<th>Strongly disapprove</th>
<th>Disapprove</th>
<th>No opinion</th>
<th>Approve</th>
<th>Strongly approve</th>
</tr>
</thead>
<tbody>
<tr>
<td>No fishing zones to protect sensitive fish and/ or shellfish species</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusion zones (closed to everyone) to protect sensitive fish and shellfish habitat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonally restricted zones to limit harassment of spawning fish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum size limits for taking of particular species of fish/ shellfish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum catch limits on number of fish or shellfish of a particular species</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catch and release fishing only</td>
<td></td>
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</tr>
</tbody>
</table>

PLEASE GO ON TO THE NEXT PAGE ➔
25. a) On this visit, did you and your group use the mooring buoys at Biscayne National Park?
   [ ] YES  [ ] NO  [ ] CAN'T REMEMBER

   GO ON TO QUESTION 26

   b) If YES, what were your reasons for stopping at the mooring buoys on this visit? Please list all of your reasons.
   [ ] SHIPWRECK DIVING  [ ] SNORKELING
   [ ] REEF DIVING  [ ] FISHING
   [ ] PICNICKING/ EATING LUNCH
   [ ] OTHER (Please specify: _____________________)

26. For this visit to Biscayne National Park, please report all expenditures you or your group members made for the items listed below while in the Florida City/Homestead area. Please write "0" if you and your group did not spend any money.

   a) Please list your group's total expenditures inside Biscayne National Park.

   b) Please list your group's total expenditures in the Florida City/Homestead area.

   Florida City/Homestead area residents should only include expenditures that were directly related to this visit to the park.

   **Expenditures in Florida City/Homestead Area**

<table>
<thead>
<tr>
<th>Inside park</th>
<th>Outside park</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOTELS, MOTELS, CABINS, B&amp;B, etc.</td>
<td>$__________</td>
</tr>
<tr>
<td>CAMPING FEES AND CHARGES</td>
<td>$__________</td>
</tr>
<tr>
<td>GUIDE FEES AND CHARGES</td>
<td>$__________</td>
</tr>
<tr>
<td>RESTAURANTS AND BARS</td>
<td>$__________</td>
</tr>
<tr>
<td>GROCERIES AND TAKE OUT FOOD</td>
<td>$__________</td>
</tr>
<tr>
<td>GAS AND OIL (auto, RV, boat, etc.)</td>
<td>$__________</td>
</tr>
<tr>
<td>OTHER TRANSPORTATION EXPENSES (excluding airfare)</td>
<td>$__________</td>
</tr>
<tr>
<td>ADMISSIONS, RECREATION, ENTERTAINMENT FEES</td>
<td>$__________ $__________</td>
</tr>
<tr>
<td>ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)</td>
<td>$__________ $__________</td>
</tr>
</tbody>
</table>

   c) How many people do the above expenses cover?

   ADULTS (18 years or over) ______
   CHILDREN (under 18 years) ______
27. a) On this visit, what did you and your group like **most** about your visit to Biscayne National Park?

________________________________________________________________________

b) On this visit, what did you and your group like **least** about your visit to Biscayne National Park?

________________________________________________________________________

28. If you were a manager planning for the future of Biscayne National Park, what would you propose? Please be specific.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

29. Is there anything else you and your group would like to tell us about your visit to Biscayne National Park?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

30. Overall, how would you rate the quality of the visitor services provided to you and your group at Biscayne National Park during this visit? Please circle **only one**.

   VERY GOOD    GOOD    AVERAGE    POOR    VERY POOR

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.
OFFICIAL BUSINESS

Visitor Services Project
Cooperative Park Studies Unit
College of Natural Resources
P.O. Box 441133
University of Idaho
Moscow, Idaho 83844-1133