March, 2002

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Everglades 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 only 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,

Maureen Finnerty
Superintendent
DIRECTIONS

One adult 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. 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.
YOUR VISIT TO EVERGLADES NATIONAL PARK

1. a) Prior to your visit, how did you and your group get information about Everglades 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—National Park Service or Everglades NP web site <www.nps.gov/ever/>
   _____ INTERNET—OTHER WEB SITE
   _____ CHAMBER OF COMMERCE
   _____ CONVENTION/ VISITOR’S BUREAU
   _____ 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 visit, from which area of Florida did you and your group first arrive at Everglades National Park? Please check (✓) only one.

   _____ FLORIDA KEYS
   _____ MIAMI
   _____ NAPLES
   _____ OTHER (Please specify: ________________________________ )
3. On this visit, what forms of transportation did you and your group use to visit Everglades National Park? Please check (✓) all that apply.

BY LAND                                                               BY WATER

_____ PRIVATE VEHICLE (car, van, RV, etc.)   _____ MOTOR BOAT

_____ BICYCLE                                                     _____ SAILBOAT

_____ CHARTER BUS                                                 _____ CONCESSION TOUR BOAT

_____ MOTORCYCLE                                                 _____ OTHER GUIDE BOAT

_____ CANOE/KAYAK                                               _____ CANOE/KAYAK

_____ OTHER (Please specify: _____________________________________)

4. On this visit, how long did you and your group stay at Everglades National Park? (Please list partial hours or days, for example: 6-1/2 hours; 1-3/4 days).

If less than 24 hours:   _____ NUMBER OF HOURS

If 24 hours or more:     _____ NUMBER OF DAYS

5. a) On this trip, did you and your group stay overnight away from home within Everglades National Park and/or in the surrounding area (Miami, Naples, Florida Keys, Florida City and Homestead)?

_____ YES                                           _____ NO  ➔ Go on to Question 6

b) Please list the number of nights you and your group stayed in Everglades National Park and/or in the surrounding area.

NUMBER OF NIGHTS in Everglades National Park _____

NUMBER OF NIGHTS in the surrounding area outside the park _____

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

Outside park (✓)   in surrounding area

_____ LODGE, MOTEL, CABIN, RENTED CONDO/HOME, BED & BREAKFAST _____

_____ RV/ TRAILER CAMPING               _____

_____ TENT CAMPING                     _____

_____ SEASONAL RESIDENCE               _____

_____ RESIDENCE OF FRIENDS OR RELATIVES _____

_____ OTHER  (Please specify: ______________________________) _____

d) If you stayed outside the park, in what town/city did you and your group stay?

Please go on to the next page ➔
6. On this trip, what was the primary reason that you and your group visited south Florida? Please check (✓) only one.

_____ RESIDENT OF SOUTH FLORIDA
_____ VISIT EVERGLADES NATIONAL PARK
_____ VISIT THE FLORIDA KEYS
_____ VISIT OTHER ATTRACTIONS IN THE AREA (besides Everglades or the Florida Keys)
_____ VISIT FRIENDS/ RELATIVES IN THE AREA
_____ BUSINESS OR OTHER REASONS

7. On this visit, how many times did you and your group enter the park?

_____ NUMBER OF TIMES YOU ENTERED THE PARK
_____ DON'T KNOW

8. It is the National Park Service’s responsibility to protect Everglades 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 in the park 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>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 &amp; FLOW</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>EDUCATIONAL OPPORTUNITIES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>WILDERNESS EXPERIENCE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
</tbody>
</table>

9. In your opinion, is recreational fishing an appropriate activity to be allowed in Everglades National Park?

_____ YES  _____ NO  _____ NOT SURE
10. How did the following affect you or your group's experience during this visit to Everglades National Park? Please check one answer for each.

<table>
<thead>
<tr>
<th>Affect your park experience?</th>
<th>Added to</th>
<th>No effect</th>
<th>Detracted from</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOISE FROM:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOATS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER VISITORS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRCRAFT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENERATORS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (specify: ____________)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUMBER OF BOATS AT RAMPS/MARINAS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTORIZED BOATS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FISH TAKE LIMIT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERACTIONS WITH RANGER STAFF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUMBER OF PEOPLE ON TRAILS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QUALITY OF PARK RESOURCES (e.g. native plants and animals)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. a) Please check (✓) one answer that best describes your knowledge about plans to restore parts of the Everglades ecosystem in Florida.

   ____ VERY KNOWLEDGEABLE ➔ Go on to part b of this question

   ____ SOMEWHAT KNOWLEDGEABLE ➔ Go on to part b of this question

   ____ NOT KNOWLEDGEABLE ➔ Go on to Question 12

b) In your opinion, what are the greatest challenges in restoring the Everglades ecosystem?

   ----------------------------------------------------------------------------------------
   ----------------------------------------------------------------------------------------
   ----------------------------------------------------------------------------------------

Please go on to the next page ➔
12. For this visit, please check (✔) the places you and your group visited in Everglades National Park. If you did not visit a place, please leave that line blank. Use the map on the next page to help you locate the places you visited.

_____ CHEKIKKA  _____ WEST LAKE BOARDWALK
_____ ERNEST F. COE VISITOR CENTER  _____ FLAMINGO
_____ ROYAL PALM/ANHINGA TRAIL  _____ SHARK VALLEY
_____ PINELANDS  _____ GULF COAST VISITOR CENTER
_____ LONG PINE KEY  _____ WHITEWATER BAY
_____ PA-HAY-OKEE OVERLOOK  _____ FLORIDA BAY
_____ NINE MILE POND  _____ 10,000 ISLANDS

_____ OTHER (Please describe: ____________________________________________)

13. a) On this visit to Everglades National Park, what activities did you and your group participate in? Please check (✔) all that apply.

   b) Where did you and your group do those activities? Please list location using the map on next page.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ WALKING/HIKING</td>
<td></td>
</tr>
<tr>
<td>_____ NATURE VIEWING/BIRDWATCHING</td>
<td></td>
</tr>
<tr>
<td>_____ CAMPING</td>
<td></td>
</tr>
<tr>
<td>_____ BACKCOUNTRY/WILDERNESS CAMPING</td>
<td></td>
</tr>
<tr>
<td>_____ CANOEING/KAYAKING</td>
<td></td>
</tr>
<tr>
<td>_____ FISHING IN FRESHWATER</td>
<td></td>
</tr>
<tr>
<td>_____ FISHING IN SALT WATER</td>
<td></td>
</tr>
<tr>
<td>_____ POWER BOATING</td>
<td></td>
</tr>
<tr>
<td>_____ PICNICKING</td>
<td></td>
</tr>
<tr>
<td>_____ NATURE STUDY</td>
<td></td>
</tr>
<tr>
<td>_____ ATTENDING RANGER-LED PROGRAMS</td>
<td></td>
</tr>
<tr>
<td>_____ BICYCLING</td>
<td></td>
</tr>
<tr>
<td>_____ PHOTOGRAPHY/PAINTING/DRAWING</td>
<td></td>
</tr>
<tr>
<td>_____ OTHER (Please describe:</td>
<td></td>
</tr>
<tr>
<td>____________________________________________</td>
<td></td>
</tr>
</tbody>
</table>
c) From the list of activities on the previous page, what were the primary reasons you and your group visited Everglades National Park on this visit?

Please go on to the next page ➔
14. a) Please check (✓) the information services and facilities that you or your group used during this visit to Everglades 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>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ PARK BROCHURE/MAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ PARK NEWSPAPER - A Visitor's Guide to the National Parks and Preserves of South Florida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ VISITOR CENTERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ VISITOR CENTER EXHIBITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ VISITOR CENTER VIDEO/MOVIE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ VISITOR CENTER BOOKSTORE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALES ITEMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ ASSISTANCE FROM VISITOR CENTER STAFF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ ASSISTANCE FROM STAFF (other than visitor center)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ RANGER-LED WALKS/TALKS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ EVENING CAMPGROUND PROGRAMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ TRAM TOUR RANGER/GUIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ BOAT TOUR RANGER/GUIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ TRAILSIDE EXHIBITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ ACCESS FOR PEOPLE WITH DISABILITIES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15. a) Please check (✓) the concession services and park facilities that you or your group used during this visit to Everglades National Park.

b) Next, for only those services and facilities which you or your group used, please rate their importance to your visit 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></td>
<td>Not important</td>
<td>Extremely important</td>
</tr>
<tr>
<td>Check (✓)</td>
<td>1   2   3   4   5</td>
<td>1   2   3   4   5</td>
</tr>
</tbody>
</table>

_____ LODGE OR COTTAGES
_____ RESTAURANT
_____ GIFT SHOPS
_____ BOAT RENTALS
_____ BOAT TOURS
_____ BICYCLE RENTALS
_____ CANOE/KAYAK RENTALS
_____ GUIDED FISHING TOUR
_____ CAMPGROUNDS
_____ PICNIC AREAS
_____ RESTROOMS
_____ MARINA FACILITIES
_____ DOCKS
_____ BOAT RAMPS

16. 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: ____________________________)

Please go on to the next page ➤
17. On this visit, were you and your personal group with the following types of groups:

<table>
<thead>
<tr>
<th>Type of Group</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guided tour group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School/educational group?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

_____ NUMBER OF PEOPLE

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

<table>
<thead>
<tr>
<th>Member</th>
<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></td>
<td></td>
<td></td>
<td></td>
<td>past 12 months</td>
</tr>
<tr>
<td>Yourself</td>
<td>M=male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. What is the primary language you and/or members of your group prefer to speak and write?

____________

21. a) Does anyone in your group have any disabilities/impairments that affected their visit to Everglades National Park?

_____ YES   _____ NO → Go on to Question 22

b) If yes, what kind of disability? Please check (✓) all that apply.

_____ HEARING      _____ VISUAL

_____ MOBILITY      _____ LEARNING

_____ MENTAL      _____ OTHER (specify ____________________________ )
c) Because of the disability/impairment, did you and your group encounter any access and/or service problems during this visit to Everglades National Park?

_____ YES  _____ NO  ➔ Go on to Question 22

d) If YES, what were the problems? ________________________________

22. a) Are you Spanish, Hispanic or Latino?

_____ YES  _____ NO

d) If YES, please check (✓) which of these groups are you?

_____ MEXICAN, MEXICAN AMERICAN, CHICANO
_____ PUERTO RICAN
_____ CUBAN
_____ OTHER SPANISH/HISPANIC/LATINO

(Please specify: _____________________________________________)

23. Which of these categories best indicates your race? Please check (✓) all that apply.

_____ AMERICAN INDIAN OR ALASKA NATIVE
_____ ASIAN
_____ BLACK OR AFRICAN AMERICAN
_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
_____ WHITE
_____ OTHER (Please specify: __________________________________)

24. a) Currently 80% of the funds collected as park entrance fees remain at Everglades National Park and are used to maintain/enhance visitor facilities and services. In your opinion, how appropriate is the amount of the entrance fee? Please check (✓) one answer.

_____ TOO LOW  _____ ABOUT RIGHT  _____ TOO HIGH

b) How would you like to see these funds used at Everglades National Park? Please check (✓) all that apply.

_____ PARK MANAGEMENT  _____ VISITOR FACILITIES
_____ PROTECTION OF PARK RESOURCES  _____ VISITOR PROTECTION
_____ COMMUNITY OUTREACH  _____ VISITOR EDUCATION
_____ IN-PARK SHUTTLE OR OTHER TRANSPORTATION SYSTEM
_____ OTHER (Please specify: __________________________________)

Please go on to the next page ➔
25. On a future visit to Everglades National Park, what types of items would you and your group like to have available for purchase in the bookstore sales areas? Please check (✓) all that apply.

_____ NOT INTERESTED IN SALES ITEMS ➔ Go on to Question 26

_____ VIDEOS, AUDIOCASSETTES, CDs, DVDs

_____ GIFTS/ SOUVENIR ITEMS

_____ OTHER (Please specify: ______________________________________)

_____ CHILDREN'S/EDUCATION ITEMS

_____ PUBLICATIONS

26. For you and your group, please report all expenditures for the items listed below for this visit to Everglades National Park and the surrounding area (Miami, Naples, Florida Keys, Florida City or Homestead). Please write "0" if no money was spent in a particular category.

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

b) Please list your group's total expenditures in the surrounding area outside the park.

Surrounding area residents should only include expenditures that were directly related to this visit to the park.

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>In surrounding area</th>
<th>outside park</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOTELS, MOTELS, CABINS, B&amp;B, etc.</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>CAMPING FEES AND CHARGES</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>GUIDE FEES AND CHARGES</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>RESTAURANTS AND BARS</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>GROCERIES AND TAKE OUT FOOD</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>GAS AND OIL (auto, RV, boat, etc.)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>OTHER TRANSPORTATION EXPENSES (rental cars, auto repairs, taxies, but not including airfare)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>ADMISSIONS, RECREATION, ENTERTAINMENT FEES</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>DONATIONS</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

c) How many people do the above expenses cover?

ADULTS (18 years or over) _____  CHILDREN (under 18 years) _____
27. a) Would you and your group be willing to use a shuttle bus service (or any other transportation system) to travel to facilities and trailheads on a future visit to Everglades National Park?

______ YES, LIKELY  ______ NO, NOT LIKELY  ______ NOT SURE

b) In addition to the park entrance fee, would you be willing to pay a modest fee ($2-4/person) to ride a shuttle bus or other transportation system?

______ YES, LIKELY  ______ NO, NOT LIKELY  ______ NOT SURE

28. On a future visit to Everglades National Park, what subjects would you and your group be most interested in learning about? Please be specific.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

29. Everglades National Park is currently developing a comprehensive plan to guide management of the park for the next 15 to 20 years. If you were a park manager, what would your priorities be in managing Everglades National Park? Please be specific.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

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

________________________________________________________________________________________________________

________________________________________________________________________________________________________

31. Overall, how would you rate the quality of the visitor services provided to you and your group at Everglades 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