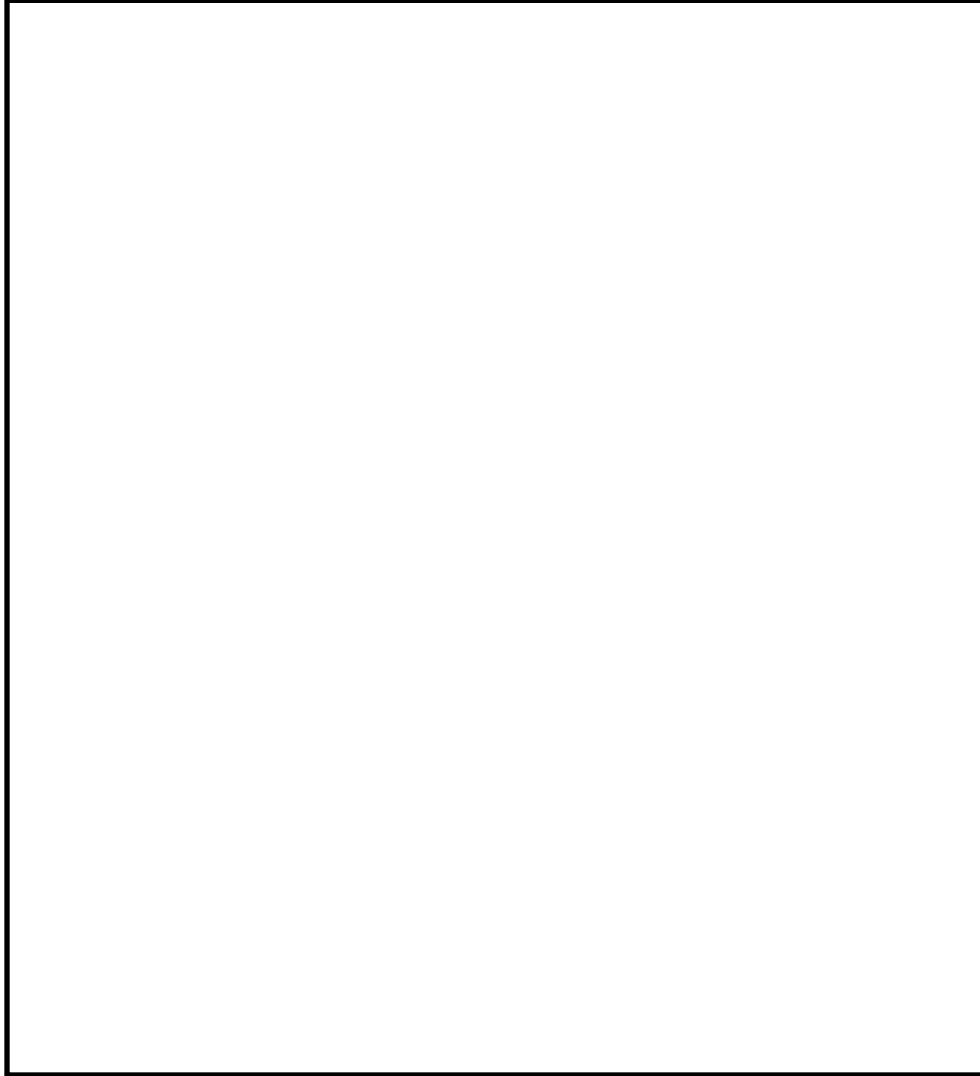


Klondike Gold Rush Visitor Study

Skagway, Alaska



**The
Visitor Services
Project**

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.

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 Service Information Collection Clearance Officer, National Park Service, P.O. Box 37127, Washington, D.C. 20014-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0092, Washington, D.C. 20503.

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VISITING KLONDIKE GOLD RUSH

1. a) Prior to your visit, were you and your group aware that Klondike Gold Rush National Historical Park existed?

_____ YES

_____ NO

- b) On the map below, please indicate the **order** in which you and your group visited the sites at Klondike Gold Rush National Historical Park during this visit. Simply write 1, 2, 3, and so forth, in the box beside each place you visited. If you did not visit a site, leave the box blank.

2. Prior to your visit, how did you and your group get information about Klondike Gold Rush National Historical Park? Please check (/) **all** that apply.

_____ DID NOT GET INFORMATION PRIOR TO VISIT - **GO ON TO**

QUESTION 3

_____ GOT WRITTEN INFORMATION FROM PARK

_____ TRAVEL GUIDE/TOUR BOOK(S)

_____ NEWSPAPER/MAGAZINE ARTICLE(S)

_____ MAPS OR BROCHURES

_____ ADVICE FROM FRIENDS OR RELATIVES

_____ SHIP PERSONNEL

_____ TOUR DIRECTOR

_____ PREVIOUS VISIT(S)

_____ OTHER (Please specify: _____)

_____)

3. What forms of transportation did you and your group use to get to and from the Skagway area? Please check (/) **all** that apply.

_____ TRAIN

_____ BUS

_____ CAR

_____ PLANE

_____ RV

_____ CRUISE SHIP

_____ FERRY

_____ OTHER (Please describe: _____)

_____)

PLEASE GO ON TO NEXT PAGE



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YOUR ACTIVITIES

4. On the list below, please check all of the activities that you and your group did during this visit to the Skagway area. Please check (/) **all** that apply.

_____ VIEW WILDLIFE

_____ USE CITY WALKING TOUR BROCHURE

_____ HIKE SKAGWAY TRAILS (adjacent to town)

_____ TAKE TRAIN EXCURSION TO WHITE PASS & RETURN

_____ TAKE TRAIN AS PART OF ARRIVAL OR DEPARTURE (one-way)

_____ EAT IN RESTAURANT OR CAFE

_____ STAY IN HOTEL OR MOTEL

_____ FLIGHT SEE - FIXED WING TOUR

_____ FLIGHT SEE - HELICOPTER TOUR

_____ SHOP FOR GROCERY SUPPLIES

_____ SHOP FOR SOUVENIRS OR GIFTS

_____ FISH

_____ RV CAMP

_____ TENT CAMP

_____ OTHER (Please describe: _____)

YOU AND YOUR OPINIONS

5. On this visit, how much time did you and your group spend at Klondike Gold Rush National Historical Park?

If **less** than 24 hours: _____ NUMBER OF HOURS

If 24 hours **or more**: _____ NUMBER OF DAYS

6. How many people were in your group?

_____ NUMBER OF PEOPLE

7. What kind of group were you with? Please check (/) **only one**.

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ GUIDED TOUR GROUP

_____ OTHER (Please describe: _____)

8. For you and your group, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	# TIMES VISITED (INCLUDING THIS VISIT)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

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9. a) Please check (/) the interpretive/visitor services which you and your group **used** during this visit to Klondike Gold Rush National Historical Park.

b) Next, for only those services which you and your group **used**, please rate their **importance** from 1-5 using the list below.

c) Finally, for only those services which you or your group **used**, please rate their **quality** from 1-5 using the list below.

GOOD	1=EXTREMELY IMPORTANT	1=VERY
	2=VERY IMPORTANT	2=GOOD
	3=MODERATELY IMPORTANT	3=AVERAGE
	4=SOMEWHAT IMPORTANT	4=POOR
POOR	5=NOT IMPORTANT	5=VERY

Use service? (/)	Importance?	Quality?	(1-5)	(1-5)
_____	PARK BROCHURE/MAP		_____	_____
_____	CHILKOOT TRAIL BROCHURE		_____	_____
_____	VISITOR CENTER EXHIBITS		_____	_____
_____	MASCOT SALOON EXHIBITS		_____	_____
_____	RANGER-LED WALKS		_____	_____
_____	ROVING RANGER AT MASCOT SALOON		_____	_____
_____	RANGER PROGRAMS IN AUDITORIUM		_____	_____
_____	SCHEDULE OF RANGER/PARK ACTIVITIES		_____	_____
_____	ORIENTATION FILM AT KLONDIKE GOLD RUSH VISITOR CENTER		_____	_____
_____	OTHER FILMS SHOWN AT KLONDIKE GOLD RUSH VISITOR CENTER		_____	_____
_____	KLONDIKE GOLD RUSH VISITOR CENTER INFORMATION DESK PERSONNEL		_____	_____
_____	VISITOR CENTER RESTROOMS		_____	_____
_____	MASCOT SALOON RESTROOMS		_____	_____

10. a) During this visit, did you and your group visit Dyea?

_____ YES _____ NO - **GO ON TO QUESTION 11**

b) Please check (/) all of the **Dyea** sites you and your group visited or used.

_____ RANGER STATION

_____ CAMPGROUND

_____ CHILKOOT TRAILHEAD

_____ SLIDE CEMETERY

_____ HISTORIC TOWNSITE

_____ WHARF PILINGS

_____ OTHER (Please specify: _____)

_____)

11. The Klondike Gold Rush National Historical Park visitor center does not currently have a sales area. In the future, would you and your group like to have sales items available there?

_____ YES _____ NO _____ NO OPINION



GO ON TO QUESTION 12

IF SO, which of the following would you like to see sold there? Please check (/) **all** that apply.

_____ MAPS

_____ PUBLICATIONS ON KLONDIKE GOLD RUSH HISTORY

_____ PUBLICATIONS ON ALASKA'S NATIONAL PARKS

_____ VIDEOS OR AUDIO-CASSETTES

_____ OTHER (Please specify: _____)

PLEASE GO ON TO NEXT PAGE



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12. On this visit, what was your **primary** reason for visiting the Skagway area? Please check (/) **only one**.

_____ VISIT KLONDIKE GOLD RUSH NATIONAL HISTORICAL PARK

_____ PART OF PACKAGE TOUR

_____ HIKE CHILKOOT TRAIL

_____ RIDE TRAIN

_____ ACCESS TO ALASKA MARINE HIGHWAY

_____ OTHER (Please specify: _____)

_____)

13. During this visit to Klondike Gold Rush National Historical Park, how much did you and your group spend for lodging, travel, food, and other items in the Skagway area? Please write "0" if you did not spend any money.

SKAGWAY AREA

LODGING (motel, camping, etc.) \$ _____

TRAVEL (gas, ferry fare, etc.) \$ _____

FOOD (restaurant, groceries, etc.) \$ _____

OTHER (recreation, tours, film, gifts, etc.) \$ _____

14. a) During this visit to Klondike Gold Rush National Historical Park, was there anything specific which you and your group wanted to see or do, but were not able to?

_____ YES _____ NO - **GO ON TO QUESTION 15**

b) What was it? _____

c) What prevented you from being able to see that feature or do that activity? _____

15. Is there anything else you and your group would like to tell us about your visit to Klondike Gold Rush National Historical Park and the surrounding area?

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

STAMP

OFFICIAL BUSINESS

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