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.

PLEASE GO ON TO NEXT PAGE
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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
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:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th># TIMES VISITED (INCLUDING THIS VISIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #3</td>
<td>______</td>
<td>______</td>
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<tr>
<td>MEMBER #4</td>
<td>______</td>
<td>______</td>
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<tr>
<td>MEMBER #5</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #6</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #7</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

PLEASE GO ON TO NEXT PAGE
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.

<table>
<thead>
<tr>
<th>Use service?</th>
<th>Importance?</th>
<th>Quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>( / )</td>
<td>(1-5)</td>
<td>(1-5)</td>
</tr>
<tr>
<td>PARK BROCHURE/MAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILKOOT TRAIL BROCHURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER EXHIBITS</td>
<td></td>
<td></td>
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<tr>
<td>MASCOT SALOON EXHIBITS</td>
<td></td>
<td></td>
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<tr>
<td>RANGER-LED WALKS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROVING RANGER AT MASCOT SALOON</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RANGER PROGRAMS IN AUDITORIUM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHEDULE OF RANGER/PARK ACTIVITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORIENTATION FILM AT KLONDIKE GOLD RUSH VISITOR CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER FILMS SHOWN AT KLONDIKE GOLD RUSH VISITOR CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KLONDIKE GOLD RUSH VISITOR CENTER INFORMATION DESK PERSONNEL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER RESTROOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MASCOT SALOON RESTROOMS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
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.
OFFICIAL BUSINESS

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