

Vessel name _____

OMB Control:
Expiration date: X/XX/XXXX

Date: _____ Time: _____

APPENDIX A: GLACIER BAY VISITOR SURVEY CONTACT SHEET CRUISE SHIP PASSENGERS

1. How many people are in your personal traveling party?

_____ Number of people

2. Please check the makeup of your personal traveling party:

- Individual
- Family
- Friends
- Family and friends
- Other _____
(please specify)

3. What year were you born? 19 ____ ____

4. What are the ages of the other people in your personal traveling party:

5. During this cruise, have you already visited Glacier Bay National Park and Preserve?

- Yes
- No
- Don't know

6. Have you purchased a tour to participate in during your stay in Juneau?

- Yes, I purchased a tour prior to arriving in Juneau
- No, but I plan to purchase (take) a tour during my stay in Juneau
- No, I don't plan to take a tour during my stay in Juneau → GO TO QUESTION 7
- Don't know/Haven't decided → GO TO QUESTION 7

6a. Which tour(s) will you take during your stay in Juneau?

- Mendenhall Glacier Tour
- Mt. Roberts Tramway
- City tours (bus/van)
- Whale watching cruise
- Helicopter flightseeing
- Salmon bake
- Fish hatchery tour

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Other (please specify) _____

7. Are you: FEMALE MALE

8. What is your home Zip or Postal Code? (If you live outside of the United States, please write the name of your country.)

We would like to send you a questionnaire that asks about your experiences during this trip in Glacier Bay National Park and Preserve. It is estimated to take on average 25 minutes to complete. To participate in this second part of the survey, please provide your name and address so that we can send you that questionnaire. This information will not be used for any purposes other than this survey.

PLEASE WRITE CLEARLY

First Name

Last Name

Street Address

City

State

Zip or Postal Code

Country, if not USA