

Survey Kit Template for Race or Registered Participants

Q1. Are you a registered participant of the **(EVENT NAME)**? Yes (Skip to Q2.) No (answer Q1a.)

Q1a. Does your group include someone who is a registered participant of the **(EVENT NAME)**?

Yes (Skip to Q14. on back) No

Q2. Are you a resident of Montana? Yes No (Skip to Q4.)

Q3. Do you reside in **(COUNTY NAME WHERE EVENT IS HELD)**?

Yes (Skip to Q14. on back) No (Skip to Q5.)

Q4. In what state, province, or foreign country do you reside?

Q5. Is this your first time visiting the **(AREA WHERE EVENT IS)** area? Yes No

Q6. Was attending this event your primary reason for being in the area? Yes No

Q7. For what other reasons are you visiting the area? (Check all that apply.)

- Vacation/recreation/pleasure Just passing through Business/convention/meeting
 Visiting friends/relatives Shopping

Q8. For this event, how many nights did you spend away from home?

- 0 (Skip to Q12.) 1 2 3 4 5 6 7 8 9 10 or more

Q9. How many of those nights were in Montana?

- 0 1 2 3 4 5 6 7 8 9 10 or more

Q10. Of your nights in Montana, how many did you stay in **(EVENT COMMUNITY)**?

- 0 1 2 3 4 5 6 7 8 9 10 or more

Q11. In what type of accommodation(s) did you stay in **(EVENT COMMUNITY)**? (Check all that apply.)

- Hotel/motel/bed & breakfast Private campground Resort/condominium
 Rental cabin/home Home of friend/relative Guest ranch
 Public land camping Second home/cabin/condo Vehicle in parking lot

Q12. Please enter your best estimate of the TOTAL amount of money in US dollars you (and your family/travel group, if applicable) spent in the **(EVENT COMMUNITY)** area in each of the following categories.

If you did not spend money in a category, please leave it blank.

ACCOMMODATIONS in (AREA)

Hotel/motel/bed & breakfast

Campground

FOOD in (AREA) area

Restaurant/bar

Groceries/snacks

TRANSPORTATION in (AREA)

Gasoline/diesel

Local transportation

Auto rental

RETAIL/SERVICES in (AREA)

Retail goods

Entertainment/recreation

Q13. How many people does the above spending represent (including yourself, i.e., your travel group/family size)?

- 1 2 3 4 5 6 7 8 9 10 more than 10

Continue on back...

Q14. What option best describes the group with whom you attended this event?

- Self Immediate family Family & friends Business associates
 Couple Extended family Friends Organized group/club

Q15. Please select all the ages represented in your group:

- 0-5 years 11-17 years 25-34 years 45-54 years 65-74 years
 6-10 years 18-24 years 35-44 years 55-64 years 75 and over

Q16. What best describes your annual household income? (in US dollars)

- Less than \$20,000 \$60,000 to \$79,999 \$150,000 to \$199,999
 \$20,000 to \$39,999 \$80,000 to \$99,999 \$200,000 and over
 \$40,000 to \$59,999 \$100,000 to \$149,999

Q17. How long before this event did you make plans to attend?

- The day of the event 1-4 weeks before the event Over 6 months before the event
 1-7 days before the event 1-6 months before the event

Q18. How did you hear about the (EVENT NAME)? (Check all that apply.)

- Word of mouth Posters E-mail from event planners Flyer
 Newspaper Magazine Group or club Event website
 Radio Direct mail Retail outlet Social media
 Television Other website

Q19. Please rate your satisfaction with the (EVENT NAME):

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	N/A
Organization of the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of people at the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage/directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20. What is your age?

Q21. What is your gender? Male Female

Q22. When might you come to the (EVENT NAME) again?
 Next year Within 5 years Never

Q23. Please tell us what you liked about the (EVENT NAME).

Q24. Please tell us what you did not like about the (EVENT NAME).

Q25. What suggestions do you have for improvements to the event?

Thank you!