

KHGC Members survey : PROPOSED INDOOR PRACTICE FACILITY

1 Personal Details

a. Name - **first & surname**

b. Section - **please tick**

Men . <input type="checkbox"/>	Ladies . <input type="checkbox"/>	Senior Men . <input type="checkbox"/>	Juniors . <input type="checkbox"/>	Other . <input type="checkbox"/>
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c. Handicap - **please tick**

1-10 . <input type="checkbox"/>	11-15 . <input type="checkbox"/>	16-20 . <input type="checkbox"/>	21-25 . <input type="checkbox"/>	+26 . <input type="checkbox"/>
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d. Age Group - **please tick**

under 20 . <input type="checkbox"/>	21-40 . <input type="checkbox"/>	41-50 . <input type="checkbox"/>	51-60 . <input type="checkbox"/>	over 60 . <input type="checkbox"/>
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2 What days do you 'normally' visit the club to play and/or practice

Please tick (more than one response is allowed)

Monday . <input type="checkbox"/>	Tuesday . <input type="checkbox"/>	Wednesday . <input type="checkbox"/>	Thursday . <input type="checkbox"/>	Friday . <input type="checkbox"/>
Saturday . <input type="checkbox"/>	Sunday . <input type="checkbox"/>			

3 Currently how often do you play & practice

-----PRACTICE-----

a. - never - **please tick**

b. - daily - **enter a number as applicable**

c. -weekly - **enter a number as applicable**

d. -monthly - **enter a number as applicable**

e. - less frequently than monthly - **please tick**

A. Play	B: Putting Green	C: Pitching green/ bunker	D: Net	E: Practice Ground
. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>
. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>
. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>
. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>
. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>	. <input type="checkbox"/>

4 How often do you have lessons ?

tick as applicable

Never . <input type="checkbox"/>	Weekly . <input type="checkbox"/>	Monthly . <input type="checkbox"/>	Six monthly . <input type="checkbox"/>	Annually . <input type="checkbox"/>
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re THE NEW PROPOSED INDOOR FACILITY & FUTURE PRACTICE

5 Rate the following in order of importance
(1. most important and 4. least important)

Location of facility	.1	<input type="text"/>	Price Charged to members for usage	.3	<input type="text"/>
Quality of facility	.2	<input type="text"/>	Financing and cost to the club	.4	<input type="text"/>

6 How often might you play and/or practice **IN FUTURE**

-----PRACTICE-----

		B:			E:
	A. Play	Putting Green	C: Pitching green/ bunker	D: Net	Practice Ground
a. - less - please tick	.1	<input type="text"/>	.3	<input type="text"/>	.5
b. - about the same - please tick	.1	<input type="text"/>	.3	<input type="text"/>	.5
c. - more - please tick	.1	<input type="text"/>	.3	<input type="text"/>	.5

7 re the new indoor facility - **without Pro Tuition**

a. do you intend to use the facility - **please tick**

	Yes	No
	.1 <input type="text"/>	.2 <input type="text"/>

b. How much will you be prepared to pay - **please state £**

	A. Putting	B. Practice Net - no graphic	c. Practice Net - with graphic	D. Computer simulated course	
	Individual	Individual	Individual	Individual in Group of 4	
	30 mins	30 mins	30 mins	per Hour	
.1	£ FREE	.2	£ FREE	.3	£ <input type="text"/>
			Individual per 30 mins	.4	£ <input type="text"/>

8 What is the maximum you would be prepared to pay to use the following - **INCLUDING PROFESSIONAL TUITION**

please enter £ as applicable

	A. Putting	B. Practice Net - no	c. Practice Net - with graphic	
	Individual	Individual	Individual	
	30 mins	30 mins	30 mins	
.1	£ <input type="text"/>	.2	£ <input type="text"/>	
			.3	£ <input type="text"/>

9 Would you estimate that the number of lessons you have with the professional

please tick as applicable

	remain the same	increase	
.1	<input type="text"/>	.2	<input type="text"/>

10 The club and /or professional may be able to offer the following services via the new facility

Please tick those that may be of interest to you

Club custom fitting	.1	<input type="text"/>
Ball custom fitting - which ball fits your game best	.2	<input type="text"/>
Club gap testing	.3	<input type="text"/>
Monthly club competitions using computer graphic screen	.4	<input type="text"/>

11 Source of funding for the project project

- tick those you feel are appropriate

KHGC funds - (from membership fees)	.1	<input type="text"/>
Loans taken by KHGC (ie Bank Loans)	.2	<input type="text"/>
Sponsorship from companies	.3	<input type="text"/>
Sponsorship / loans from Members - voluntary	.4	<input type="text"/>
Grants ie Sport England / National Lottery	.5	<input type="text"/>

12 KHGC projects - in no particular order

Please rank the following task in your order of preference for completion - 1 being the most important and 10 the least important

Upgrading of changing room shower facilities	.1	<input type="text"/>	Upgrading of all on course paths	.6	<input type="text"/>
Refurbishment of course bunkers	.2	<input type="text"/>	Installation of course irrigation system	.7	<input type="text"/>
Extending the patio area at rear of clubhouse	.3	<input type="text"/>	Improvements to the clubhouse bar / lobby area	.8	<input type="text"/>
Upgrading of practice putting green and chipping area	.4	<input type="text"/>	Installation of toilets for those with impairment	.9	<input type="text"/>
Provision of Indoor practice facility	.5	<input type="text"/>	Improvements to our outdoor driving range	.10	<input type="text"/>

IF YOU HAVE ANY FURTHER COMMENTS PLEASE USE THE ADDITIONAL FORM PROVIDED

THANKS FOR GIVING US YOUR VIEWS BY COMPLETING THIS SURVEY

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Please use this form to provide any additional comments

On completion please hand in to the office OR use the drop box provided

Member Name

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Please insert first & surname

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