

WIAMA 2018 RINK SURVEY

Please Return by June 30th, 2018 to be placed in a drawing for a chance to win a 2018 US Ice Rink Association OPRM (Operations and Risk Management) training course in West Bend, WI Sept. 14th-19th, 2018

1. Who owns your rink? Government___School___Commercial___ Not For Profit Group___
 2. How old is your Original facility? ___1-5 yrs. ___6-10 yrs. ___11-20 yrs. ___20+ years
Any buildings added later. ``Building 2 ___years Building 3 _____ More_____
 3. Number and types of Rinks? (Circle appropriate answers)
Rink 1 ice sheet size ___ indoor or outdoor cement or Sand base Seating_____
Rink 2 ice sheet size ___ indoor or outdoor cement or Sand base Seating_____
Rink 3 ice sheet size ___ indoor or outdoor cement or Sand base Seating_____
 4. How long is your ice season?
Rink 1 ___ months Season Start Date _____ Season End Date _____
Rink 2 ___ months Season Start Date _____ Season End Date _____
Rink 3 ___ months Season Start Date _____ Season End Date _____
 5. What are your ice rates? Winter Prime \$_____ Non-Prime \$_____
Summer Prime \$_____ Non-Prime \$_____

What is your game rate? Hourly?_____ Flat Rate? _____
 6. What are all the levels of play for hockey and figure skating in your facility? List by highest level or list by priority scheduling ice time (NCAA/ Junior Hockey, WIAA, youth hockey, figure skating club and competitions and Public Skates)
-
7. What is the length of time for your ice hour? ___45 minutes ___ 50 minutes ___ 60 minutes
 8. Do you have a Pro Shop? ___Yes ___ No
If Yes, how is it operated? ___by facility ___ leasee _____other
 9. What revenue does your Pro Shop generate annually? Gross (Before Expenses) and/or Net
Gross \$_____ Net \$_____
 10. Do you operate video games or vending machines? ___Yes ___No
 11. What revenue do you generate from your game room annually? Gross \$_____ Net \$_____
What revenue do you generate from vending machines? Gross \$_____ Net \$_____
 12. Do you have dehumidification? ___ Yes ___No
 13. What kind of dehumidification system? _____
 14. How did you finish up financially in **2016**? (circle one) Positive \$ Negative \$
 15. How did you finish up financially in **2017**? (circle one) Positive \$ Negative \$

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- 16. What were your utility bills for December, 2017? Electric \$ _____ Nat. Gas _____
- 17. What were your utility bills for entire year of 2017? Electric \$ _____ Nat. Gas _____
- 18. Has your building done anything to reduce energy costs in the past few years? ___ YES ___ No
Describe any changes and their results: _____

PROGRAMMING/OPERATIONS

- 19. When does your facility test for Air Quality? ___ Automatically ___ Weekly ___ Monthly
___ Occasionally ___ Never
- 20. What testing system do you use? _____
- 21. Which of the following programs does your rink offer?

| | | |
|--------------------------|-------------------------|-----------------------|
| ___ Learn to Skate | ___ Youth Hockey League | ___ Adult Hockey |
| ___ Learn to Play Hockey | ___ Figure Skating | ___ Broomball |
| ___ Girls Hockey | ___ Sled Hockey | ___ Curling |
| ___ Speed Skating | ___ Home School Skates | ___ Parent/Tot Skates |
| ___ Senior Skates | ___ Public Skating | ___ Noon Skates |

Other _____
- 22. Do you have Public Skate Sessions? ___ Yes ___ No
If Yes, What Days and times do you run these sessions?

| <u>Day</u> | <u>Start Time</u> | <u>End Time</u> |
|------------|-------------------|-----------------|
| Monday | _____ | _____ |
| Tuesday | _____ | _____ |
| Wednesday | _____ | _____ |
| Thursday | _____ | _____ |
| Friday | _____ | _____ |
| Saturday | _____ | _____ |
| Sunday | _____ | _____ |
- 23. What do you charge for Public Skate if applicable?
\$ _____ Adults
\$ _____ Students – Ages _____
\$ _____ Seniors – Age starting at _____
\$ _____ Skate Rental
- 24. What special sessions have you used that are successful at Public Skate Sessions? _____

- 25. Do you have Figure Skating or do you have a Club in your building? ___ Yes ___ No
If Yes, what program is offered? USFS (United States Figure Skating)
ISI (Ice Skating Institute)
Other _____

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- 26. Do you operate your own Concession Stand? ___Yes ___No
- 27. If you have a stand but others run it, who would that be? _____
- 28. What Revenue do you generate from sales or lease? Gross \$ _____ Net \$ _____

- 29. Do you sell Advertising Boards or Dasher Board Advertising? ___Yes ___ No

Do you have other advertising spaces? (Scoreboards, wall signs, digital signage, etc)

If yes, answer detailed questions to better explain?

\$ _____ Price per Display \$ _____ Second Price \$ _____ Third Price
 _____ Size of Display _____ size of Display _____ Size of Display
 _____ Months Display is up _____ Months Displayed _____ Months Displayed

- 30. Do you offer Dry Floor (non-ice) Programs during the remainder of the year? ___ Yes ___No

___ Wedding Receptions ___ Gun Shows ___ Home Shows ___ Auctions
 ___ Craft Shows ___ Basketball ___ Recreation Prog. ___ Volleyball
 ___ Antique Shows ___ Animal Shows ___ Roller Hockey ___ Roller derby
 ___ Community Events ___ Sports Shows ___ Circus ___ Concerts
 ___ Other, list _____

- 31. Do you use FaceBook, Twitter or other electronic means of communicating and promoting?
 ___ Yes ___ No.

- 32. How do you market your programs and your building? List the most successful tool you use:

PERSONNEL/BENEFITS

- 33. How many employees do you have? ___ Fulltime ___ Part-time/Seasonal ___ Volunteer

- 34. What is your latest information regarding annual Salaries: Please list annual salary, hourly rate, or flat fee of each area.

Rink Manager \$ _____
 Assistant Manager \$ _____
 Secretary \$ _____
 Maintenance Supervisor \$ _____
 Ice Scheduler \$ _____
 FT Resurfacers \$ _____
 Supervisors \$ _____
 Concessions Manager \$ _____

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35. What benefits are offered to fulltime staff? Check all that apply.
- | | Employer % | Employee % |
|----------------------|------------|------------|
| Health Insurance | _____ | _____ |
| Life Insurance | _____ | _____ |
| Retirement/401K | _____ | _____ |
| Disability Insurance | _____ | _____ |
| Other _____ | | |

36. What is your average HOURLY WAGE for your part time/seasonal staff?

| | |
|--------------|----------|
| Maintenance | \$ _____ |
| Concessions | \$ _____ |
| Skate Guards | \$ _____ |
| Referees | \$ _____ |
| Resurfacers | \$ _____ |

EQUIPMENT

37. What type of chiller system do you run? (Blanks are for three rinks if needed)
- | | #1 | #2 | #3 | | #1 | #2 | #3 |
|-----------------------|-----|-----|-----|----------|-----|-----|-----|
| Freon | ___ | ___ | ___ | Direct | ___ | ___ | ___ |
| Ammonia | ___ | ___ | ___ | Indirect | ___ | ___ | ___ |
| Outdoor/Natural/Other | ___ | | | | | | |

38. How large is your main chiller system? _____ tons /HP _____ tons/HP _____ tons/HP

Who performs refrigeration maintenance and controls systems? In House Staff Outside contractors

39. What type of resurfacer? (List Quantity of units used by your building)

Zamboni ___ Olympia ___ Other _____

40. What fuel does your resurfacer run on? 90% participation

| | #1 | #2 | #3 |
|-------------|-----|-----|-----|
| Propane | ___ | ___ | ___ |
| Natural gas | ___ | ___ | ___ |
| Electric | ___ | ___ | ___ |

41. What is the age of your resurfacer(s)? List quantity next to each category

1-5 years _____ 6-10 years _____ 11-15 years _____ 16-20years _____ 20+ YEARS _____

42. Do you attend the annual WIAMA Spring Conference?

___ YES ___ NO ___ Didn't Hear about it. If no, why are you unable to attend?

43. Do you regularly attend the WIAMA Fall Workshop?

___ YES ___ NO ___ - Didn't Hear About Fall Workshop.

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44. What other Associations do you belong to?
- | | | | |
|-------------------------|-------|-------------------|-------|
| USA Hockey | _____ | Convention Bureau | _____ |
| US Ice Rink Association | _____ | ISI | _____ |
| Chamber of Commerce | _____ | NEISMA | _____ |
| MIAMA | _____ | WPRA | _____ |
| USFSA | _____ | IAIM | _____ |
| Other, List | _____ | | |

45. Please fill out the chart for skaters in your facility

| 2017-18 Season | Skaters Registered | Cost per Skater | Other Fundraising or volunteer tasks |
|---------------------|--------------------|-----------------|--------------------------------------|
| R, W, Blue Mites | | | |
| Squirts | | | |
| Peewee | | | |
| Bantam | | | |
| High School | | | |
| Learn to Play/other | | | |

Learn to Skate

LAST QUESTION

How can WIAMA help your facility grow in the future? Do you have areas that your rink needs help or information for your facility? (mechanical systems, programming, concessions, energy efficiency, etc)

Please Return:

**By Mail: WIAMA
c/o Jim Arnold
2711 16th Street South
Wisconsin Rapids, WI 54494**

Scan Email: wiamo.new@gmail.com

(Confidential & Optional)

For my record keeping could you list your name as well as the name of your facility so that I can track which rinks returned this survey. I will also need your name for the drawing. I will remove this section from the survey results after receiving this back. Thanks.

Rink Name: _____

Your Name _____

Email or number to be reached at: _____