

INSTRUCTIONS:

- Fill out this form in full, write "NA" through questions that do not apply to your facility.
- Enclose color photos, slides, VHS video or Photo CD (or updated info if previously submitted or selected as Top 100 Range):
 - Landing area & targets (shoot from teeline)
 - Teeline and teeline structure (shoot from side angle)
 - Short game and other practice areas
 - Clubhouse exterior
 - Cash control point and pro shop interior (if applicable)

I. FACILITY

1. What type of amenities does your facility have? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Golf Range | <input type="checkbox"/> Practice Bunker |
| <input type="checkbox"/> Par 3 Course | <input type="checkbox"/> Dome Structure |
| <input type="checkbox"/> Retail Pro Shop | <input type="checkbox"/> Indoor Golf Simulator |
| <input type="checkbox"/> Aqua Range | <input type="checkbox"/> Snack Bar |
| <input type="checkbox"/> Batting Cage | <input type="checkbox"/> Sit-down Restaurant |
| <input type="checkbox"/> Miniature Golf | <input type="checkbox"/> Executive Length Course |
| <input type="checkbox"/> Putting Green | |
| <input type="checkbox"/> Chipping Area | |
| <input type="checkbox"/> Other (describe) _____ | |

2. Which of the following best describes your facility? (check one)

- Standalone commercial golf range
 Course-affiliated golf range
 Municipally-operated golf range
 Family golf center
 Indoor golf training center
 Golf school

3. How many acres does your total facility cover? _____ acres

4. What is the size of your range landing area?
 _____ yards (wide) X _____ yards (deep)

5. Please detail your facility's characteristics:

- Number of tee stations: grass _____
 Number of tee stations: artificial mats _____
 Number of tee levels: _____
 Number of covered tees: _____
 Number of heated tees: _____

6. Describe the characteristics of the targets in your landing area (check all that apply)

- Built-up target greens
 Bunkers
 Water hazards
 Short-mowed areas at ground level
 Artificial greens
 Yardage signs or flags only

7. Is your facility lighted for night play?

- Yes Brand _____ Type _____
 No

8. Do you have an irrigation system for your range?

- Yes Brand _____
 No

9. Do you use poles & netting for ball containment?

- Yes Type (wood, metal) _____
 Height _____ ft.
 No

10. Do you use artificial turf in your short game area? Yes No

11. What do you charge on average per range ball? _____ cents per ball

12. How many buckets of balls do you sell in a year? _____ thousand

13. How often do you purchase new range balls? Every _____ months

II. EQUIPMENT

	Brand	Type or # in Service
Artificial Mats	_____	_____
Balls	_____	_____
Pickers	_____	_____
Ball Dispensers	_____	_____
Ball Washers	_____	_____
Utility Vehicles	_____	_____
	<input type="checkbox"/> gas <input type="checkbox"/> electric	
Mowers	_____	_____

III. PRO SHOP

- Self-owned Leased
 Size of pro shop _____ sq. ft.
 Approximate inventory \$ _____
 Top-selling club brands carried: _____

Gross sales, 2003, golf clubs \$ _____
 Top-selling softgood brands carried: _____

Gross sales, 2003, soft goods \$ _____

Do you allow customers to demo clubs on the range? Yes No

Do you offer custom fit or custom made component clubs?

- Yes No
 If yes, what brand(s)? _____

Do you have a clubmaker on premises?

- Yes No

IV. TEACHING & TRAINING

Does your facility offer instruction?

- Yes No

How many golf instructors?

- _____ PGA _____ LPGA
 _____ Male _____ Female
 _____ Non-PGA

What is your hourly fee for instructors?
 \$ _____

What kind of teaching aids do you use?

- Computer-driven video device
 Video capture with tape playback
 Video illustrator
 Club training devices
 Other: _____

V. MANAGEMENT/OWNERSHIP

Owner _____
 Manager _____
 Year built _____

Do you own or lease your property?

- Own Lease

Do you own more than one golf range?

- Yes How many? _____
 No

Who is your insurance carrier?

Annual premium? \$ _____

Do you shut down your golf range in the off-season? Yes No

Months closed: _____

What are the annual gross revenues of your facility?

- Less than \$100,000
 \$100,000 to \$250,000
 \$250,000 to \$500,000
 \$500,000 to \$750,000
 \$750,000 to \$1,000,000
 \$1,000,000 to \$1,500,000
 \$1,500,000 to \$2,000,000
 More than \$2,000,000

What is your estimated pre-tax operating margin? _____ %

★ DEADLINE FOR ENTRIES: OCTOBER 15, 2004 ★

Name of Golf Facility _____
 Name of Survey Respondent _____
 Job Title _____
 Facility Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

Please mail with photos by October 15, 2004 to:
 GOLF RANGE ASSOCIATION OF AMERICA P.O. Box 1265, New Canaan, CT 06840-1265
 Tel: (203) 972-6201 • Fax: (203) 972-1667