



# United States Indoor Sports Association

## 2015 Economic Survey of Indoor Sports Facilities

### CONFIDENTIAL

Thank you for your interest in USIndoor's annual industry survey, produced by our Members-Only Committee. Please complete this form entirely, either in print or electronically, and **return it by October 12<sup>th</sup>** to USIndoor to obtain results, including industry averages and comparative data and rankings (**extension available upon request.**) For consistency purposes, combined submissions for two or more facilities will not be accepted. A separate survey for each location is required. In case of indecision over any response, use your best judgment, based on how you think your response will best be understood, and utilize the "Notes" areas for important explanations.

NOTE: Unless specifically requested, please **do not** include outdoor responses in this survey except: For "outdoor/indoor" fields (*i.e.*, where arena soccer is played outdoors), extrapolate as best as possible for all queries.

Unless you allow otherwise, your response, including identity, will be kept **CONFIDENTIAL** under a pseudonym (*i.e.*, "Facility #.") Thank you for your participation!

\_\_\_\_\_

**Release of Confidentiality:** Place an "X" in the space to the left to allow the release of your facility name, along with your survey responses, to other survey-takers. Under no circumstances shall the disclosure of your identity be further permitted, either publically or otherwise, without your written consent and that of USIndoor.

### Survey Information

Number of facilities included in this survey: 1      *One completed survey form per facility is required.*

Primary Contact (for survey purposes): \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Confidential E-mail: \_\_\_\_\_

Survey Submitted: \_\_\_\_\_      Year-End (reflecting financial responses): \_\_\_\_\_  
*date*      *date*

### I. Facility Information

Facility Name: \_\_\_\_\_ Built: \_\_\_\_\_ (first opened)  
*date*

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**II. Demographic Information** Please check, circle, delete or insert as appropriate:

Zoning Description (select one):  Commercial  Industrial  Rural  Residential

Population w/in 15-mile radius: \_\_\_\_\_

Number of Direct Competitors within 15-mile radius: \_\_\_\_\_

**III. Business Information** Please mark, circle or insert as appropriate:

**a. General Structure**

For-Profit or  Not-For-Profit or  Public/Private Partnership

Mark the major assets you own or have rights to control for the long-term future:

All  Land  Building  Operations Other: \_\_\_\_\_

**c. Management & Staffing**

Percentage of ordinary business dedicated to (total should equal 100%):

% Renting Space/Bldg Management  % Running Program(s)  % Other: \_\_\_\_\_

Owner(s) Actively involved in management: \_\_\_\_\_

Senior Active Managers (including owners, if applicable): \_\_\_\_\_

Full-Time Staff: \_\_\_\_\_ (include owners/sr. managers)

Part-Time Staff: \_\_\_\_\_ (not counting referees) Referees: \_\_\_\_\_ (do not incl. owners, managers or other staff)

**c. Physical Features**

Land: \_\_\_\_\_ sq. ft. Building: \_\_\_\_\_ sq. ft. *If any part-time location impacts income and expenses, add the location's sq. ft. x % usage during the year.*

Building Type (select major one):  Brick  Concrete  Air Supported  Tension Fabric  Metal

Concessions:  None or Used for F&B Preparation: \_\_\_\_\_ sq. ft. Dedicated Eating Area: \_\_\_\_\_ sq. ft.

**d. Income-Generating INDOOR Athletic Surfaces**

INSTRUCTIONS:

For "Description," use the following key: "C"=Court "I"=Ice "B"=Boarded "N"=Non-Boarded/Turf  
 "X"=Non-Boarded/Non-Turf "F"=Suitable for full-field play (like outdoor soccer)

Athletic Area*	Sq. Ft.	Number of Sub-Areas (if USUALLY divided)	Description (e.g., "N/F")
1			
2			
3			
4			
5			
6			
			TOTALS

\* Use "NOTES" section to supplement, if needed.

**e. Usage and Operations (INDOOR ONLY)**

Active hours of business operation on weekdays (responses must total less than 24 hours):

\_\_\_ Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Winter

Active hours of business operation on weekends (responses must total less than 24 hours):

\_\_\_ Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Winter

Total Annual Turnstile: \_\_\_\_\_ (est. of all who enter the building, including repeat visits, staff, spectators, rentals, etc.)

What major non-athletic events or meetings do you produce or host? \_\_\_\_\_ Est. Annual Attendance: \_\_\_\_\_

What new major revenue programs did you introduce? \_\_\_\_\_

What important revenue programs did you cease? \_\_\_\_\_

Insert the following information/estimates for your INDOOR sports LEAGUES (whether or not you run them yourself). Count teams that register in multiple sessions each time they register. No fractions, please—round answers to the nearest whole numbers.

Leagues	How many Fields, Courts, Rinks	Youth Teams/Year	Adult Teams/Year	Ave. Wks/Sess.	Ave. Sess./Yr	Teams in Peak Session
Indoor Soccer						

All-Inclusive estimate of annual INDOOR individual ATHLETIC REGISTRATIONS (paid or unpaid, whether or not collected by a rental), including repeat business: If you have patrons in any of the categories below but are unsure of their number, please insert your best guess in the spaces provided.

Category	Boys	Girls	Adults	Multiplied by: Ave. Annual Visits	Total
Memberships					
League Players					
Stand-Alone Tournaments					
Campers					
Clinic/Class Attendees					
Traveling Teams					
Individual Athletics					
Other: <i>incl. in Notes</i>					

**NOTES (for any of the topics above):**

## IV. INDOOR Financials

**Year-to-Year Comparisons** (estimated)

Gross Revenue: \_\_\_\_\_% Increase or \_\_\_\_\_% Decrease  
 Net Revenue: \_\_\_\_\_% Increase or \_\_\_\_\_% Decrease

**5-Year Comparisons** (estimated)

\_\_\_\_\_ N/A

Gross Revenue: \_\_\_\_\_% Increase or \_\_\_\_\_% Decrease  
 Net Revenue: \_\_\_\_\_% Increase or \_\_\_\_\_% Decrease

**INDOOR Income:** Insert your total annual revenue from INDOOR operations, based on your significant, non-extraordinary income sources and expense categories. Estimates accepted. You may overwrite and insert text, as needed.

No.	INDOOR Income Source	\$ Income
1	Athletics: <i>Soccer</i>	
2		
3		
4		
5		
6		
7	Total from Athletics	
8	Kids' Programming	
9	Camps, Clinics, Classes (not above)	
10	Retail Shop	
11	Food & Beverages*	
12	Parties/Events	
13	Membership Fees	
14	Rentals (not included above)	
15	Advertising & Sponsorship	
	<b>Total INDOOR Income</b>	

\* **F&B:** Percentages of total F&B Income, above, from:

\_\_\_\_\_ % Food + \_\_\_\_\_ % Alcoholic Beverages + \_\_\_\_\_ % Non-Alcoholic Beverages  
 (Combined total should equal 100%.)

**INDOOR INCOME NOTES** (include, e.g., what major income operations, if any, you rent out):

**INDOOR Expense:** Direct and indirect expenses exclusively from INDOOR operations. Estimates accepted.

	\$ Total
<b>General Operations</b>	
<b>Labor</b>	
<b>Materials for Use in Sales</b> (incl. COGS)	
<b>Rent/Debt Service*</b>	
<b>Marketing</b>	
<b>Property/Equipment</b> (incl. depreciation)	
<b>Insurance</b>	
<b>Utilities</b>	
<b>Sales Tax</b> (only if included in income)	
<b>Other Taxes</b>	
<b>Total INDOOR Expenses</b>	

\* **What is your total long-term debt (i.e., from business loans)?** \_\_\_\_\_

**INDOOR EXPENSE NOTES:**

**IV. Outdoor Facts and Figures:** Insert your total annual revenue and costs arising from outdoor operations, including square feet and number of outdoor playing areas. Consider only your significant, non-extraordinary income and expenses. Estimates are acceptable.

\_\_\_\_\_ Outdoor Income

\_\_\_\_\_ Outdoor Field Expenses

\_\_\_\_\_ Utilized Outdoor Sq. Ft. (for programs)

\_\_\_\_\_ No. of Outdoor Play Areas (for most common uses)

**OUTDOOR PROGRAM DESCRIPTION/NOTES:**

**YOU MAY RETURN BY MAIL, BY FAX, OR SUBMIT ELECTRONICALLY:  
USIndoor, 1340 N. Great Neck Rd., #1272-142, Virginia Beach, VA 23454-6822  
Tel: 703-310-6151; Fax: 509-357-7096; [admin@usindoor.com](mailto:admin@usindoor.com)**

**THANK YOU!**