



Please complete the following survey and help us make next year's event even better!
Your input is valued and very much appreciated!

1. Please indicate your gender:

- Male Female

2. Please indicate your age:

- Under 18 18-24 25-34
 35-44 45-64 65+

3. Did you compete in the Great Canadian Kayak Challenge & Festival?

- Yes **go to question 4** No **go to question 5**

4. Did you compete in last year's event?

- Yes No

5. Are you a resident of Timmins?

- Yes **go to question 11** No **go to question 6**

6. How far did you travel to attend the Great Canadian Kayak Challenge & Festival?

Miles / KM _____

7. Where are you from?

City _____ Prov/State _____

8. If you traveled to attend the Great Canadian Kayak Challenge & Festival, how many individuals travelled with you? _____

9. If you traveled to attend the Great Canadian Kayak Challenge & Festival, where did you and/or your party stay?

- On-site camping Hotel With friends or family

10. Please indicate the length of your stay in Timmins:

- Overnight 2-3 days 3 days +

11. How did you find out about the Great Canadian Kayak Challenge & Festival?

- Radio Television Facebook Friends
 Website Billboards Banners Posters
 Magazine ads Newspaper ads Other (Please specify)_____

12. If you competed in the Great Canadian Kayak Challenge, how did you register?

- On-line In person E-mail Fax Mail

13. In what category did you register: (check all that applies)

- Elite Open Senior/masters elite
 Elite Recreational Novice Senior/masters Recreational
 Recreational Youth Celebrity
 200m 3 person sprint Guided Family Leisure Paddle

13. Will you register to compete in the Great Canadian Kayak Challenge next year?

- Yes No Not sure

14. Would you attend the Great Canadian Kayak Challenge & Festival again?

- Yes No Why Not_____

15. Would you tell your friends about the Great Canadian Kayak Challenge& Festival?

- Yes No

16. Please rate your satisfaction level:

	Very Satisfied	Satisfied	Neither Satisfied nor Unsatisfied	Unsatisfied	Very Unsatisfied
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of the event	<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"/>
Event date (month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits and displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities or venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenge divisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments or suggestions you may have to improve the Great Canadian Kayak Challenge_____

Thank you for your valuable feedback. It will be considered in our long term plans.

Please return your completed survey to:

Guy Lamarche
Event Co-Chair
Great Canadian Kayak Challenge & Festival
City of Timmins
220 Algonquin Blv East
Timmins, OnP4N 1B3
guy.lamarche@timmins.ca

www.thegreatcanadiankayakchallenge.ca

