

## **Sunshine Coast Tourism Partnership - Industry Survey**

We are requesting your help in completing this survey in order to create an inventory of the tourism product on the lower Sunshine Coast and to produce an effective business and marketing plan to establish a destination marketing organization. Please estimate your answers to the best of your knowledge where exact numbers are not available and answer all the questions that relate to your business operation.

***Complete both sections and return by the DEADLINE Mar.22 and you will be entered to win an overnight stay at the Beachcomber Marine Spa & Cottage with a certificate for dinner for two & a marine activity!***

When completed on line the data relating to your individual business will **not** be available to the local project consultants Explorer's Research Ltd., the tourism partnership or the public. Independent consultants have been contracted from off coast to receive and process the information confidentially through an on line system. Fax and telephone versions will be submitted for the inventory through the on line system, and a SCTP staff would be required to enter the data. Faxed documents will be destroyed immediately after data entry in order to maintain confidentiality.

This survey is divided into two sections. Section 1 is designed to create the product inventory. Only contact and product information from this section will be compiled into electronic data files that would be accessible to the partnership, industry and the public. Approximate time to complete this section is 20 minutes.

Section 2 is designed to gather information in order to assess the viability of a community based Destination Marketing Organization. Information provided in Section 2 will be kept strictly confidential and will be used only in aggregated statistical analysis, as will select information from section 1. No individual information about your business will be made available to the local project consultants Explorer's Research Ltd., the tourism partnership or made public in any way. Approximate time to complete Section 2 is 20 minutes.

We appreciate the survey is comprehensive, however gathering this information is critical to the development of the tourism industry on the Sunshine Coast and we encourage you to take the time to complete both sections of the survey.

**If you have any questions concerning the survey, please call Jan Poynter  
at the Community Futures Development Corporation office  
Phone (604) 885-1959 Fax (604) 885-2707 or email  
[jan.poynter@communityfutures.org](mailto:jan.poynter@communityfutures.org)**

***We greatly appreciate your assistance with this survey and thank you in  
advance for your contribution the industry.***

## Sunshine Coast Tourism Partnership - Industry Survey

### SECTION 1

Please indicate whether you wish to have your contact information below made available for marketing & tourism referral purposes by regional tourism organizations.

Yes  No

#### Contact Information

The purpose of this section is to create a comprehensive contact list and product inventory of tourism offerings in the Sunshine Coast.

Business Name	_____			
Contact Person	_____			
	<i>Last Name</i>	<i>First Name</i>	<i>Mr., Mrs., Ms., Miss, etc.</i>	
Title	_____			
Mailing Address	_____			
	<i>PO Box</i>	<i>Street</i>	<i>City/Town</i>	<i>Province</i> <i>Postal Code</i>
Physical Address <i>(If different)</i>	_____			
	<i>Street</i>	<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>
Telephone	_____			
	<i>Area Code</i>			
Toll Free Telephone	_____			
	<i>Area Code</i>			
Off-Season Telephone <i>(Alternate # or cell #)</i>	_____			
	<i>Area Code</i>			
Fax	_____			
	<i>Area Code</i>			
Email	_____			
Website	_____			

1. In 35 words or less please describe your business. Include any unique selling points, features of property/ business, attributes that appeal to visitors, etc.

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**Product Profile**

2. The purpose of this section is to create an inventory of tourism “product” classified according to various sectors. The fax that you have received is based on the primary sector listing for your business, (ie; B&B = Accommodation, Kayaking =Recreation...) if you have another tourism related business that operates independent of your primary sector listing, please call Jan Poynter at the CFDC office and we will fax you the relevant sector survey pages.

**A ACCOMMODATION**

*Bed & Breakfasts , Cabin / Cottages, Hotels, Inns, Marina berth,  
Motels, Resorts, Campgrounds, RV Parks*

**B FOOD & BEVERAGE**

*Fast Food, Café / Coffee shop, Pub / Tavern, Nightclub,  
Serviced Restaurant, Fine Dining Restaurant*

**C RECREATION & Adventure Tourism**

*Golfing, Hiking / Backpacking, Fresh water Fishing, Salt water Fishing, Kayaking,  
Canoeing, Marine Sightseeing, Mountain Biking, Sailing, Scuba, Ice Skating, Fitness  
Centre, Snow-shoeing, X-Country Skiing, Bird Watching, Other*

**D TRANSPORTATION**

*Air Ground carrier, Air Carrier Marine, Car rentals, Ferries,  
Motor Coaches / Buses, RV rentals, Taxi – ground, Taxi - marine*

**E OPERATORS Travel Trade**

*Tour operator – incoming, Tour operator – outgoing  
Travel Agency, Tour Guide, Other*

**F EVENTS & FESTIVALS**

*Festivals, Events, Concert, Conference, Trade Show , Consumer Show,  
Fair, Retreat, Educational Tourism*

**G HERITAGE & Cultural Tourism**

*Cultural Tourism, Museums, Artist Studio, First Nations Tourism,  
Galleries, Family Entertainment, Gardens, Heritage Tourism,  
Historic Sites, Interpretive Centres, Theatres, Other*

**H TOURISM SERVICES**

*Visitor Information Centre, Chamber of Commerce, Consultant,  
Education & Training, Website, Other*

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COMPLETE SECTOR VERSION

**A. ACCOMMODATIONS**

3. Please check the accommodation sub-sectors that apply to your business. *(Check all that apply)*

Sector	# Rooms <small>(Berths or Sites)</small>	# Beds <small>(If applicable)</small>	# Meeting Rooms <small>(If applicable)</small>	Meeting Capacity <small>(Max #f people)</small>	Specialty <small>(If applicable)</small>
<input type="checkbox"/> Bed & Breakfast	_____				
<input type="checkbox"/> Cabin/Cottage	_____				
<input type="checkbox"/> Campground	_____				
<input type="checkbox"/> Hotel	_____				
<input type="checkbox"/> Inn	_____				
<input type="checkbox"/> Motel	_____				
<input type="checkbox"/> Marina Berth	_____				
<input type="checkbox"/> Resort	_____				
<input type="checkbox"/> RV Park	_____				
<input type="checkbox"/> Spa	_____				
<input type="checkbox"/> Other(            )	_____				

4. Is this accommodation Tourism BC approved?  
 Yes  No

5. Does your accommodation have a Canada Select rating? If yes please indicate rating.  
 Yes \_\_\_\_\_  No

7. Is your accommodation rated/approved by another rating service? If yes, please indicate rating.  
 Yes \_\_\_\_\_  No

8. What is the average length of a visitor stay?  
 One day  2 Nights  4-7 Nights  
 Overnight  3 Nights  More than 7 Nights

9. Please indicate the average occupancy level for the following four seasons:

Season	Occupancy Level (%) <small>(# Occupied/# Available)</small>	% of Visitors	Avg. Rate per Room (\$) <small>(Per occupied room)</small>
Winter <i>(Dec, Jan, Feb)</i>	_____		
Spring <i>(Mar, April, May)</i>	_____		
Summer <i>(June, July, Aug)</i>	_____		
Fall <i>(Sept, Oct, Nov)</i>	_____		

10. Please check off which of the following attributes describes the setting of your property. *(Please check all that apply and specify 'Other' if applicable)*

- |  |   |
|--|---|
| <input type="checkbox"/> Beachfront<br><input type="checkbox"/> Commercial Setting<br><input type="checkbox"/> Forest Setting<br><input type="checkbox"/> Freshwater Access<br><input type="checkbox"/> Garden View<br><input type="checkbox"/> Lake Front<br><input type="checkbox"/> Lake View | <input type="checkbox"/> Marine Access<br><input type="checkbox"/> Mountain View<br><input type="checkbox"/> Ocean View<br><input type="checkbox"/> Oceanfront (no beach)<br><input type="checkbox"/> Residential Setting<br><input type="checkbox"/> Other (please specify)<br>_____ |
|--|---|

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COMPLETE SECTOR VERSION

**B. FOOD & BEVERAGE**

11. Please check the food & beverage sub-sectors that apply to your business. *(Check all that apply)*

<b>Sector</b>	<b>Total # Seats</b>	<b>Licensed</b> <i>(Yes or No)</i>	<b>Specialty/Theme</b> <i>(Please Indicate)</i>
<input type="checkbox"/> Fast Food	_____		
<input type="checkbox"/> Café/Coffee Shop	_____		
<input type="checkbox"/> Pub/Tavern	_____		
<input type="checkbox"/> Nightclub	_____		
<input type="checkbox"/> Serviced Restaurant	_____		
<input type="checkbox"/> Fine Dining	_____		
<input type="checkbox"/> Other (            )	_____		

12. Please indicate the Seat Turnover & Average Cheque for the following four seasons:

<b>Season</b>	<b>Seat Turnover (%)</b> <i>(# Occupied/#Available)</i>	<b>% of Visitors</b>	<b>Avg. Cheque (\$)</b> <i>(Total Revenue/# of Guests)</i>
Winter <i>(Dec, Jan, Feb)</i>	_____		
Spring <i>(Mar, April, May)</i>	_____		
Summer <i>(June, July, Aug)</i>	_____		
Fall <i>(Sept, Oct, Nov)</i>	_____		

**C. ADVENTURE TOURISM, RECREATION**

13. Please check the adventure tourism, recreation sub-sectors that apply to your business. *(Check all that apply)*

<b>Sector</b>	<b>Rentals</b> <i>(Yes or No)</i>	<b># Units</b>	<b>Total Capacity</b> <i>(Maximum # of people)</i>	<b>Guided Tours</b> <i>(Yes or No)</i>
<input type="checkbox"/> Bird watching		_____		
<input type="checkbox"/> Canoeing		_____		
<input type="checkbox"/> Fitness Centre		_____		
<input type="checkbox"/> Fresh Water Fishing		_____		
<input type="checkbox"/> Golfing		_____		
<input type="checkbox"/> Guiding		_____		
<input type="checkbox"/> Hiking/Backpacking		_____		
<input type="checkbox"/> Ice Skating		_____		
<input type="checkbox"/> Kayaking		_____		
<input type="checkbox"/> Marine Sightseeing		_____		
<input type="checkbox"/> Mountain Biking		_____		
<input type="checkbox"/> Outfitting		_____		
<input type="checkbox"/> Sailing		_____		
<input type="checkbox"/> Salt Water Fishing		_____		
<input type="checkbox"/> Scuba Diving		_____		
<input type="checkbox"/> Snow Shoeing		_____		

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- X-country Skiing \_\_\_\_\_
- Other (                    ) \_\_\_\_\_
- Other (                    ) \_\_\_\_\_

14. Is the equipment you provide for rental at your site?     Yes     No

15. Please indicate the average % capacity level by season for your operation.

Season	Occupancy Level (%) <i>(# Occupied/# Available)</i>	% of Visitors	Avg. Daily Cost <i>(\$ per Person)</i>
Winter <i>(Dec, Jan, Feb)</i>	_____	_____	_____
Spring <i>(Mar, April, May)</i>	_____	_____	_____
Summer <i>(June, July, Aug)</i>	_____	_____	_____
Fall <i>(Sept, Oct, Nov)</i>	_____	_____	_____

Sunshine Coast Tourism Partnership Industry Survey  
COMPLETE SECTOR VERSION

**D. TRANSPORTATION**

16. Please check the transportation sub-sectors that apply to your business. *(Check all that apply)*

<b>Sector</b>	<b># Vehicles</b>	<b>Capacity per Day</b> <i>(Max passengers Per Day)</i>	<b>Rentals</b> <i>(Check Yes)</i>	<b>Guided Tours</b> <i>(Check Yes)</i>
<input type="checkbox"/> Air Carrier Ground	_____	_____	_____	_____
<input type="checkbox"/> Air Carrier Marine	_____	_____	_____	_____
<input type="checkbox"/> Car Rentals	_____	_____	_____	_____
<input type="checkbox"/> Ferries	_____	_____	_____	_____
<input type="checkbox"/> Motor Coaches	_____	_____	_____	_____
<input type="checkbox"/> RV Rentals	_____	_____	_____	_____
<input type="checkbox"/> Taxi Ground	_____	_____	_____	_____
<input type="checkbox"/> Taxi Marine	_____	_____	_____	_____

17. Please indicate the Usage Level & Average Fare for the following four seasons:

<b>Season</b>	<b>Usage Level</b> <i>(# Occupied/#Available)</i>	<b>% of Visitors</b>	<b>Average Fare</b> <i>(Total Revenue/# of Guests)</i>
Winter <i>(Dec, Jan, Feb)</i>	_____	_____	_____
Spring <i>(Mar, April, May)</i>	_____	_____	_____
Summer <i>(June, July, Aug)</i>	_____	_____	_____
Fall <i>(Sept, Oct, Nov)</i>	_____	_____	_____

**E. TRAVEL TRADE**

18. Please check the travel trade sub-sectors that apply to your business. *(Check all that apply)*

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Inbound Tour Operator  | <input type="checkbox"/> Tour Guide  |
| <input type="checkbox"/> Outbound Tour Operator | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Travel Agency          |                                      |

19. Please indicate which of the following could be used to describe your specialty. *(Please check all that apply)*

- |  |  |                                       |                                      |
|--|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adventure       | <input type="checkbox"/> Edu-tourism   | <input type="checkbox"/> Forest Tours | <input type="checkbox"/> Retreats    |
| <input type="checkbox"/> Arts & Culture  | <input type="checkbox"/> Events        | <input type="checkbox"/> Getaways     | <input type="checkbox"/> Romance     |
| <input type="checkbox"/> Business Travel | <input type="checkbox"/> Family        | <input type="checkbox"/> Leisure      | <input type="checkbox"/> Weddings    |
| <input type="checkbox"/> Eco-tourism     | <input type="checkbox"/> First Nations | <input type="checkbox"/> Marine Tours | <input type="checkbox"/> Other _____ |

20. Please describe any licensing or certifications that your business meets.

\_\_\_\_\_

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21. Please indicate all geographical areas that you use or promote on the Sunshine Coast.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Caren Range    | <input type="checkbox"/> Hotham Sound    | <input type="checkbox"/> Princess Louisa Inlet |
| <input type="checkbox"/> Davis Bay      | <input type="checkbox"/> Howe Sound      | <input type="checkbox"/> Roberts Creek         |
| <input type="checkbox"/> Egmont         | <input type="checkbox"/> Jervis Inlet    | <input type="checkbox"/> Sechelt               |
| <input type="checkbox"/> Gambier Island | <input type="checkbox"/> Keats Island    | <input type="checkbox"/> Sechelt Inlet         |
| <input type="checkbox"/> Garden Bay     | <input type="checkbox"/> Langdale        | <input type="checkbox"/> Tetrahedron           |
| <input type="checkbox"/> Gibsons        | <input type="checkbox"/> Madeira Park    | <input type="checkbox"/> Wilson Creek          |
| <input type="checkbox"/> Halfmoon Bay   | <input type="checkbox"/> Mt. Elphinstone | <input type="checkbox"/> Other _____           |

**F. EVENTS CONFERENCES**

22. Please check the events/conference sub-sectors that apply to your business. *(Check all that apply)*

- |                                   |                                     |  |                                |
|-----------------------------------|-------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Concert  | <input type="checkbox"/> Events     | <input type="checkbox"/> Trade Show    | <input type="checkbox"/> Other |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Conference | <input type="checkbox"/> Consumer Show | _____                          |

23. Please fill in the following information regarding your event(s) or conference(s):

Event Name	Yrs. in Operation <i>(Up to &amp; including 2002)</i>	Attendance <i>(2001 Figures)</i>	Entrance Fee <i>(Avg. Ticket Price)</i>	Max Capacity <i>(# People event can hold)</i>
a. _____				
b. _____				
c. _____				

24. Please indicate how attendance figures have changed over the last 3 years.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Grown 5-10%         | <input type="checkbox"/> About the same | <input type="checkbox"/> Declined 5-10%         |
| <input type="checkbox"/> Grown 11-20%        |   | <input type="checkbox"/> Declined 11-20%        |
| <input type="checkbox"/> Grown more than 20% |   | <input type="checkbox"/> Declined more than 20% |

25. What % of attendees are local vs. visitors?

Locals \_\_\_\_\_%      Visitors \_\_\_\_\_%

**G. ATTRACTIONS, HERITAGE, ARTS & CULTURE**

26. Please check the attraction, heritage, arts & culture sub-sectors that apply to your business. *(Check all that apply)*

Sector	Guided Tours Available? <i>(Check if Yes)</i>	Guided Tours Available? <i>(Check if Yes)</i>
<input type="checkbox"/> Artist Studio	_____	<input type="checkbox"/> Heritage Tourism
<input type="checkbox"/> Cultural Tourism	_____	<input type="checkbox"/> Historic Sites
<input type="checkbox"/> Family Entertainment	_____	<input type="checkbox"/> Interpretive Centres
<input type="checkbox"/> First Nations Tourism	_____	<input type="checkbox"/> Museums
<input type="checkbox"/> Galleries	_____	<input type="checkbox"/> Theatres
<input type="checkbox"/> Gardens	_____	<input type="checkbox"/> Other <i>(Please specify)</i>

**H. TOURISM SERVICES**

27. Please check the tourism services sub-sectors that apply to your business.  
(Check all that apply)

Sector	Specialty (Please specify)
<input type="checkbox"/> Consultant	_____
<input type="checkbox"/> Education & Training	_____
<input type="checkbox"/> Information Services	_____
<input type="checkbox"/> Visitor Information Centre	_____
<input type="checkbox"/> Website Developer/Designer	_____
<input type="checkbox"/> Other (Please specify)	_____

*End of Section 1*

***Thank you for taking the time to assist in the creation of a tourism product inventory for the Lower Sunshine Coast. We would very much appreciate your support to complete Section 2.***

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**SECTION 2**

Section 2 is designed to gather information in order to assess the viability of a community based Destination Marketing Organization on the Lower Sunshine Coast. Throughout Section 2 your individual answers will be kept strictly confidential, and will be aggregated with other data, no individual information about your business will be made available to the project consultants Explorer’s Research Ltd., the tourism partnership or the public in any way. Your answers will not be linked to the contact or sector information that you provided for us in Section 1. Approximate time to complete Section 2 is 20 minutes

**Business Profile**

The purpose of this section is to gather aggregate information to assist with the development of the business and marketing plan that will be used to establish a tourism office on the Lower Sunshine Coast.

28. Please indicate where your business is located? (Please select your main business base)

<input type="checkbox"/> Davis Bay	<input type="checkbox"/> Gibsons	<input type="checkbox"/> Roberts Creek
<input type="checkbox"/> Egmont	<input type="checkbox"/> Halfmoon Bay	<input type="checkbox"/> Sechelt
<input type="checkbox"/> Gambier Island	<input type="checkbox"/> Keats Island	<input type="checkbox"/> Wilson Creek
<input type="checkbox"/> Garden Bay	<input type="checkbox"/> Langdale	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Madeira Park	

29. Is this business owner operated?

Yes  No

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30. Does this business provide the primary source of income for the owner/operator?

- Yes  No

32. How many years has this business been in operation? *(Please select one response)*

- Less than 1 year  3 to 5 years  11 to 15 years  More than 20  
 1 to 2 years  6 to 10 years  16 to 20 years years

32. Is this business open/operated throughout the entire year?

- Yes  No-Please indicate the months during which your business is **CLOSED**.

Jan Feb Mar April May June July Aug Sept Oct Nov Dec

33. If you answered 'No' to the above question, please indicate why your business is closed during the time stated above.

- Personal Reasons  Low/No Demand  Other \_\_\_\_\_

34. What is the maximum number of visitors that your business can service each day?

\_\_\_\_\_

35. On average, how many visitors are you currently serving each day:

- During your high season? \_\_\_\_\_  During your low season? \_\_\_\_\_

36. Please indicate the level of sales growth (gross revenue) that your business experienced over the past three years, prior to September 11<sup>th</sup>, 2001.

- 1-5 % Growth  Stable (No growth or decline)  1-5 % Decline  
 6-10 % Growth  6-10 % Decline  
 11-15 % Growth  11-15 % Decline  
 16-20 % Growth  16-20 % Decline  
 More than 21 % Growth  More than 21% Decline

37. Please indicate the level of sales growth (gross revenue) that your business experienced during the period of September 11<sup>th</sup> to December 21<sup>st</sup> 2001 as compared to the same period in 2000.

- 1-5 % Growth  Stable (No growth or decline)  1-5 % Decline  
 6-10 % Growth  6-10 % Decline  
 11-15 % Growth  11-15 % Decline  
 16-20 % Growth  16-20 % Decline  
 More than 21 % Growth  More than 21% Decline

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38. What level of sales growth (gross revenue) do you predict for your business in 2002?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1-5 % Growth          | <input type="checkbox"/> Stable (No growth or decline) | <input type="checkbox"/> 1-5 % Decline         |
| <input type="checkbox"/> 6-10 % Growth         |  | <input type="checkbox"/> 6-10 % Decline        |
| <input type="checkbox"/> 11-15 % Growth        |  | <input type="checkbox"/> 11-15 % Decline       |
| <input type="checkbox"/> 16-20 % Growth        |  | <input type="checkbox"/> 16-20 % Decline       |
| <input type="checkbox"/> More than 21 % Growth |  | <input type="checkbox"/> More than 21% Decline |

39. How many staff positions (both full-time and part-time) made up your business in 2001?  
Please include the owner/operator in this count.

- \_\_\_\_ Number of Full Time staff year round (based on minimum 35 hours per week)  
\_\_\_\_ Number of Part Time staff year round (based on maximum 20 hours per week)  
\_\_\_\_ Number of additional Full Time staff high season  
\_\_\_\_ Number of additional Part time staff high season  
\_\_\_\_ Number of other full time equivalent staff not included above

40. Please indicate the average hourly wage of your staff \_\_\_\_\_

41. Please indicate what level of liability insurance you carry?

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> \$1 million | <input type="checkbox"/> \$3 million      | <input type="checkbox"/> Do not carry liability insurance |
| <input type="checkbox"/> \$2 million | <input type="checkbox"/> Over \$3 million |   |

42. Please indicate which of the following environmentally sensitive methods that you employ in your business. *(Please check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Biodegradable Products | <input type="checkbox"/> Solar Heating                                   |
| <input type="checkbox"/> Composting             | <input type="checkbox"/> Treatment of Waste                              |
| <input type="checkbox"/> Pump out station usage | <input type="checkbox"/> Water conservation                              |
| <input type="checkbox"/> Recycling              | <input type="checkbox"/> Other _____                                     |
| <input type="checkbox"/> Resource Reduction     | <input type="checkbox"/> Do not employ environmentally sensitive methods |

**Market Profile**

The purpose of this section is to create a market profile for the Lower Sunshine Coast in order to assist with the marketing plan.

43. Where do your customers come from? Please check all that apply & rank the top three (1,2,3) with 1 being the most common.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sunshine Coast _____   | <input type="checkbox"/> Other Canada _____ | <input type="checkbox"/> Europe _____       |
| <input type="checkbox"/> Vancouver Island _____ | <input type="checkbox"/> Washington _____   | <input type="checkbox"/> Asia/Pacific _____ |
| <input type="checkbox"/> Lower Mainland _____   | <input type="checkbox"/> California _____   | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Other BC _____         | <input type="checkbox"/> Oregon _____       |   |
| <input type="checkbox"/> Alberta _____          | <input type="checkbox"/> Other USA _____    |   |

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44. Please indicate which type of visitor market that your business appeals to in terms of price.  
(Please check all that apply)

- Budget                       Moderate                       High End                       Corporate

45. Which of the following age categories represent your typical visitors? Please check all that apply & rank the top three (1,2,3) with 1 being the most common.

- Under 19 yrs. \_\_\_\_                       25-34 yrs. \_\_\_\_                       45-54 yrs. \_\_\_\_                       Over 65 yrs. \_\_\_\_  
 19-24 yrs. \_\_\_\_                       35-44 yrs. \_\_\_\_                       55-64 yrs. \_\_\_\_

46. Which of the following life stage categories represent your typical visitors? Please check all that apply & rank the top three (1,2,3) with 1 being the most common.

- Single \_\_\_\_                                       Couple (empty nesters) \_\_\_\_  
 Couple (no children) \_\_\_\_                       Retirees \_\_\_\_  
 Young Family (children under 18) \_\_\_\_

47. What is the average travel party size? Please check one.

- 1 person                                       3 people                                       More than 4 people  
 2 people                                       4 people

48. If your typical visitor party size is greater than '1 person' then indicate the most common group composition. Please check all that apply & rank the top three (1,2,3) with 1 being the most common.

- Youth Single \_\_\_\_                               Family (young children) \_\_\_\_                               Group of Friends \_\_\_\_  
 Adult Single \_\_\_\_                               Family Other \_\_\_\_                               Business Travelers \_\_\_\_  
 Couple \_\_\_\_                                       Tour Group \_\_\_\_

49. Please indicate approximately what % of your visitors are:

Leisure Travelers \_\_\_\_\_                      Business Travelers \_\_\_\_\_

50. What is the typical motivation for visitors to use your tourism product? (Purpose of travel)  
Please check all that apply & rank the top three (1,2,3) with 1 being the most common.

- Leisure \_\_\_\_                                       Annual Vacation \_\_\_\_                                       Group Tour Stop \_\_\_\_  
 Visiting Friends & Relatives \_\_\_\_                                       Education \_\_\_\_                                       Other \_\_\_\_\_  
 Business \_\_\_\_

51. Do you pursue organized group tours/business?

- Yes     No

52. Please estimate what % of your visitors:

Book less than 24 hours in advance \_\_\_\_                      Book 1 to 3 weeks in advance \_\_\_\_  
Book 25 to 72 hours in advance \_\_\_\_                      Book 3 to 8 weeks in advance \_\_\_\_  
Book 73 hours to 1 week in advance \_\_\_\_                      Book more than 8 weeks in advance \_\_\_\_

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53. What % of your visitors are return customers? \_\_\_\_\_%

54. Please share your opinion about future business on the Sunshine Coast by finishing this statement: I would like to see business during the October to April...

- Increase a lot.  
 Increase a little.

Remain the same.

- Decrease a little.  
 Decrease a lot.

**Current Marketing Initiatives**

This section seeks to establish common marketing activities undertaken by businesses of the Sunshine Coast.

55. What tourism marketing activities does your business currently undertake? *(Please check all that apply)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> BC Ferries Racking    | <input type="checkbox"/> Magazine Advertising  | <input type="checkbox"/> Media Relations |
| <input type="checkbox"/> Consumer Shows        | <input type="checkbox"/> Networking            | <input type="checkbox"/> TV Advertising  |
| <input type="checkbox"/> Cooperative Marketing | <input type="checkbox"/> Newspaper Advertising | <input type="checkbox"/> Web Advertising |
| <input type="checkbox"/> Direct Mail           | <input type="checkbox"/> Press Kits            | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> E-mail                | <input type="checkbox"/> Rack Cards            | _____                                    |
| <input type="checkbox"/> Familiarization Tours | <input type="checkbox"/> Radio Advertising     | _____                                    |
| <input type="checkbox"/> Internet Website      | <input type="checkbox"/> Toll Free Tel. Number | _____                                    |
| <input type="checkbox"/> Lure Brochures        | <input type="checkbox"/> Trade Shows           | _____                                    |

56. What organizations does your business belong to? *(Check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Gibsons Chamber of Commerce           | <input type="checkbox"/> Sunshine Coast B&B/Cottage Owners Assoc. |
| <input type="checkbox"/> Gibsons Landing Business Association  | <input type="checkbox"/> Vancouver Coast & Mountains Tour. Assoc. |
| <input type="checkbox"/> Pender Harbour Chamber of Commerce    | <input type="checkbox"/> Other _____                              |
| <input type="checkbox"/> Pender Harbour Tourism Association    | _____   |
| <input type="checkbox"/> Sechelt Chamber of Commerce           | <input type="checkbox"/> Do not belong to any organizations       |
| <input type="checkbox"/> Sechelt Downtown Business Association | _____   |

57. If you undertake any joint marketing activities please specify with whom:

- |  |  |
|--|--|
| <input type="checkbox"/> Local Attractions/Hotel _____ | <input type="checkbox"/> Other Communities _____       |
| <input type="checkbox"/> Vancouver Coast & Mountains   | <input type="checkbox"/> Off Coast Organizations _____ |
| <input type="checkbox"/> Tourism BC                    | <input type="checkbox"/> Other _____                   |

58. Do you undertake package delivery in cooperation with other operators?

- Yes \_\_\_\_\_  No *(why not)* \_\_\_\_\_

59. Do you participate in any Vancouver Coast & Mountains programs? *(Please specify)*

- Yes \_\_\_\_\_  No *(why not)* \_\_\_\_\_

60. Do you participate in any Tourism BC Programs? *(Please specify)*

- Yes \_\_\_\_\_  No *(why not)* \_\_\_\_\_

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61. Do you participate in any Canadian Tourism Commission Programs (*Please specify*)

Yes \_\_\_\_\_  No (*why not*) \_\_\_\_\_

62. Do you provide commission in your pricing?

Yes \_\_\_\_\_  No (*why not*) \_\_\_\_\_

63. If yes, please indicate the percentage of commission provided in your pricing.

10%       15%       20%       Other \_\_\_\_\_

64. If you provide for commission in your pricing, please indicate how many months in advance your pricing is ready to publish: \_\_\_\_\_ (# months)

65. How do you measure the success of your marketing initiatives (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Room Nights (Capacity)           | <input type="checkbox"/> Inquiries – Fax                            |
| <input type="checkbox"/> ROI (Return on Investment) Ratio | <input type="checkbox"/> Inquiries - E-mail                         |
| <input type="checkbox"/> Total Number of Visitors         | <input type="checkbox"/> Return Visitation                          |
| <input type="checkbox"/> Inquiries – In Person            | <input type="checkbox"/> Ask visitors how they heard about business |
| <input type="checkbox"/> Inquiries – Toll Free Telephone  | <input type="checkbox"/> Other _____                                |
| <input type="checkbox"/> Inquiries – Mail                 | <input type="checkbox"/> Do Not Track                               |

66. Have you altered your marketing efforts since September 11<sup>th</sup>, 2002? (*Please specify how*)

Yes       No

If yes, please specify

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**Community Marketing Initiatives**

The purpose of this section is to identify what programs and services you would like a tourism office to undertake as a regional approach.

67. Please identify the areas that would appeal to you in regards to potential functions or programs undertaken by a community marketing office/organization.

- |   |  |
|---|--|
| <input type="checkbox"/> Advocacy   | <input type="checkbox"/> Media Relations                                 |
| <input type="checkbox"/> Branding (regional image/identity)                                 | <input type="checkbox"/> Market Research                                 |
| <input type="checkbox"/> Central Communication System                                       | <input type="checkbox"/> Networking Opportunities                        |
| <input type="checkbox"/> Central Reservation System   | <input type="checkbox"/> Packaging                                       |
| <input type="checkbox"/> Contact & Product Database   | <input type="checkbox"/> Photo & Editorial Bank                          |
| <input type="checkbox"/> Cooperative Marketing  | <input type="checkbox"/> Product Development                             |
| <input type="checkbox"/> Familiarization Tours for Media/Tour Operators                     | <input type="checkbox"/> Regional Selling (Personal Sales Calls)         |
| <input type="checkbox"/> Industry Updates   | <input type="checkbox"/> Regional Web Strategy                           |
| <input type="checkbox"/> Info on Regional, Provincial and National Tourism Programs         | <input type="checkbox"/> Resource Centre                                 |
| <input type="checkbox"/> Integration of Off-Coast Marketing with Local Visitor Info Centres | <input type="checkbox"/> Trade or Travel Consumer Shows                  |
| <input type="checkbox"/> Regional Partnerships with other destinations                      | <input type="checkbox"/> Training Programs                               |
|   | <input type="checkbox"/> Visitor Guide                                   |
|   | <input type="checkbox"/> Do not want a community driven Marketing Office |
|   | <input type="checkbox"/> Need more information                           |

68. Please indicate approximately, how much you would be willing to spend on advertising in an annual regional high-quality magazine style visitor's guide for the Sunshine Coast?

- |                                      |                                      |   |   |
|--------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Under \$200 | <input type="checkbox"/> \$401-\$500 | <input type="checkbox"/> \$750-\$1000     | <input type="checkbox"/> Not interested in such a publication |
| <input type="checkbox"/> \$201-\$400 | <input type="checkbox"/> \$501-\$750 | <input type="checkbox"/> More than \$1000 |   |

69. If a regional visitors guide was produced, should it include Powell River?

- Yes  No

70. Please indicate approximately how much you would be willing to spend on advertising in an annual regional high quality visitors' map showing trails, public access points to waterfront, parks and points of interest for the Sunshine Coast?

- |                                      |                                      |   |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Under \$100 | <input type="checkbox"/> \$201-\$300 | <input type="checkbox"/> Not interested in such a publication |
| <input type="checkbox"/> \$101-\$200 | <input type="checkbox"/> Over \$300  |   |

71. Please indicate which of the following workshops you would consider participating in.

- |   |  |
|---|--|
| <input type="checkbox"/> Marketing        | Meeting Tourism BC standards for:                        |
| <input type="checkbox"/> Branding         | <input type="checkbox"/> Export Ready Criteria for Trade |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Accommodation Approval          |
| <input type="checkbox"/> Other _____      | <input type="checkbox"/> Highway Signage                 |
| _____                                     | <input type="checkbox"/> Market Readiness for Promotion  |

**Final Economic Impact Questions**

**The following information will be kept strictly confidential and will be aggregated with other data. No individual information about your business will be made available to the project consultants Explorer’s Research Ltd., the tourism partnership or the public.**

72. What was the total wages payable for 2001? \_\_\_\_\_

73. What were your total sales for 2001? \_\_\_\_\_

74. How much of your business expenditures were for supplies/ & services provided by businesses on the Sunshine Coast in 2001? \_\_\_\_\_

*End of Section 2*

Thank you for taking the time to supply us with information that will enable us to assess the viability of a community based Destination Marketing Organization on the Lower Sunshine Coast.

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