

PC Special Events - Organizer Post Event Survey

1. Process Survey - Page 1

***1. Please rank the Park City Special Events Department on a scale of 1-10 with 1 being unsatisfactory and 10 being exceptional, in the following categories:**

	1	2	3	4	5	6	7	8	9	10
Communication	<input type="checkbox"/>									
Follow through	<input type="checkbox"/>									
Response time	<input type="checkbox"/>									
Problem Solving	<input type="checkbox"/>									
Overall Satisfaction	<input type="checkbox"/>									

***2. Please rank the permitting process on a scale of 1-10 with 1 being unsatisfactory and 10 being exceptional, in the following categories:**

	1	2	3	4	5	6	7	8	9	10
Ease of Permitting Process	<input type="checkbox"/>									
Cost - (City related expenses (permits, police, signage, etc.))	<input type="checkbox"/>									
Processing Time	<input type="checkbox"/>									

3. Please identify the City Facilities that your event utilized (check all that apply):

- Main Street
- City Streets (other than Main Street)
- City Park Fields or Facilities
- Quinn's Sports Complex
- Other (please specify)
- Treasure Mountain School
- Round Valley Trail System
- Other Park City Trails

4. Please identify the Private Property location or facilities that your event utilized (check all that apply)

- School District Fields & Facilities (includes High School, Treasure Mountain, North Forty, Doizer)
- Park City Mountain Resort
- Deer Valley Resort

Other (please specify)

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2. Process Survey - Page 2

Feedback from Event Organizers on process of working with City Staff - Page 2

1. Please identify the permits that your event applied for (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Master Festival | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Building |
| <input type="checkbox"/> Liquor | <input type="checkbox"/> Mass Gathering (administered by Summit County) |
| <input type="checkbox"/> Convention Sales | <input type="checkbox"/> Health Department (administered by Summit County) |

2. Please identify all the Park City services that your event used and rank their level of service, 1 being unsatisfactory and 10 being exceptional (check all that apply):

	1	2	3	4	5	6	7	8	9	10
Police	<input type="checkbox"/>									
Parks & Fields	<input type="checkbox"/>									
Transit	<input type="checkbox"/>									
Parking	<input type="checkbox"/>									
Streets	<input type="checkbox"/>									
Building	<input type="checkbox"/>									
Licensing	<input type="checkbox"/>									

Additional Comments

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3. Impacts - Page 1

***1. How many teams/participants were registered in your event ?**

***2. How many spectators in attendance:**

***3. Indicate the number of local or regional teams/attendees/participants (within 60 miles of Park City):**

***4. Indicate the number non- local or regional teams/attendees/participants (more than 60 miles from Park City):**

5. What states/regions/country did the participants/spectators originate? (List location & numbers broken out)

6. How many room nights in Park City Area hotels or other rental property were generated by your event

(Please provide confirming information and list of properties):

7. Please provide the amount non - vendor generated sales directly at your event

Registration or participation fees generated

Merchandise Sales

Food Sales

Beverage Sales

8. Please provide the following Vendor Information

Total Number of Vendors

Number of Vendors with Park City or Summit County business licenses

Number of Vendors with business licenses outside of Summit County

4. Impacts - Page 2

1. Vendor Information, include the following: Business Name, Owner, Mailing Address, Contact Number, Utah State Tax ID Number (This information may also be provided in additional documents)

2. Did you work with any Park City merchants or associations to offer coupons, discounts or other incentives to your participants, attendees, or spectators to encourage traffic to said business?

Yes

No

If Yes, Please list those businesses and the specifics of collaboration

***3. Please describe marketing and promotional efforts for you event (provide copies to the Special Event Department)**

Print Media	<input type="text"/>
Radio	<input type="text"/>
Television	<input type="text"/>
Social Media	<input type="text"/>
Other	<input type="text"/>

4. Please provide any additional comments