

**Community Interest and Opinion Survey: *Let your voice be heard today!***

**Park City and the Snyderville Basin Special Recreation District would like your input to help determine priorities for recreation facilities and programs for our community. This survey will take 10-15 minutes to complete. When you are finished, please return your survey in the enclosed postage-paid, return-reply envelope, **\*\*FOR THOSE WHO PREFER TO RESPOND ONLINE A WEBSITE WILL BE PROVIDED ON THE SURVEY YOU RECEIVE IN THE MAIL.****

**1. Counting yourself, how many people in your household are?**

Under age 5 \_\_\_\_\_ Ages 15-19 \_\_\_\_\_ Ages 35-44 \_\_\_\_\_ Ages 65-74 \_\_\_\_\_  
Ages 5-9 \_\_\_\_\_ Ages 20-24 \_\_\_\_\_ Ages 45-54 \_\_\_\_\_ Ages 75+ \_\_\_\_\_  
Ages 10-14 \_\_\_\_\_ Ages 25-34 \_\_\_\_\_ Ages 55-64 \_\_\_\_\_

**2. From the following listing of PARKS AND AMENITIES, please check ALL the PARKS AND AMENITIES you and members of your household have used during the past 12 months.**

\_\_\_\_(01) City Park \_\_\_\_\_(09) Trailside Park  
\_\_\_\_(02) Creekside Park \_\_\_\_\_(10) Trailside Dog Park  
\_\_\_\_(03) Prospector Park \_\_\_\_\_(11) Trailside Bike Park  
\_\_\_\_(04) Park City Skate Park \_\_\_\_\_(12) Trailside Skate Park  
\_\_\_\_(05) Park City Dirt Jump Park \_\_\_\_\_(13) Willowcreek Park  
\_\_\_\_(06) Library Field \_\_\_\_\_(14) Fieldhouse Splash Pad  
\_\_\_\_(07) Rotary Park \_\_\_\_\_(15) None [please skip to Question #5]  
\_\_\_\_(08) Dog Park-Quinn's complex

**3. Which THREE of the PARKS AND AMENITIES from the list in Question #2 have you and members of your household used the most during the past 12 months? [Using the numbers in Question #2 above, please write in the numbers for the PARKS AND AMENITIES you use most.]**

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

**4. Overall, how would you rate the physical condition of ALL the PARKS AND AMENITIES you and members of your household have visited?**

\_\_\_\_(1) Excellent  
\_\_\_\_(2) Good  
\_\_\_\_(3) Fair  
\_\_\_\_(4) Poor

**5. Approximately how many different programs offered by the Park City Recreation Department have you and members of your household participated in during the past 12 months?**

\_\_\_\_(1) 1-2 programs \_\_\_\_\_(4) 10-19 programs  
\_\_\_\_(2) 3-4 programs \_\_\_\_\_(5) 20 or more programs  
\_\_\_\_(3) 5-9 programs \_\_\_\_\_(6) None

**6. Please check how you would rate the overall quality of all the programs offered by the Park City Recreation Department that you and members of your household participated in.**

\_\_\_\_(1) Excellent  
\_\_\_\_(2) Good  
\_\_\_\_(3) Fair  
\_\_\_\_(4) Poor  
\_\_\_\_(5) N/A (no experience)



12. Please indicate if YOU or any member of your HOUSEHOLD feels each of the facilities listed below is **IMPORTANT** by circling the YES or NO next to the facility.

If YES, please rate ALL the following recreation FACILITIES of this type in Park City or the Snyderville Basin Recreation District on a scale of 5 to 1, where 5 means “100% Meets the Needs” and 1 means “Does Not Meet the Needs” of your household.

Type of facility	Is this facility important to you and your household?		If YES it is important, how well is your need for the facility being met?				
	Yes	No	100% Met	75% Met	50% Met	25% Met	0% Met
A. Indoor facility space (artificial turf)	Yes	No	5	4	3	2	1
B. Indoor aquatics (lap lanes)	Yes	No	5	4	3	2	1
C. Indoor aquatics (leisure pool)	Yes	No	5	4	3	2	1
D. Indoor gymnasium space (wood floor)	Yes	No	5	4	3	2	1
E. Indoor fitness space (weight and cardio)	Yes	No	5	4	3	2	1
F. Indoor second ice sheet (PC Arena)	Yes	No	5	4	3	2	1
G. Indoor squash or racquetball courts	Yes	No	5	4	3	2	1
H. Indoor group fitness studios	Yes	No	5	4	3	2	1
I. Indoor climbing wall	Yes	No	5	4	3	2	1
J. Indoor walking/jogging track	Yes	No	5	4	3	2	1
K. Indoor playgrounds	Yes	No	5	4	3	2	1
L. Indoor equestrian center	Yes	No	5	4	3	2	1
M. Indoor tennis courts	Yes	No	5	4	3	2	1
N. Indoor skate park	Yes	No	5	4	3	2	1
O. Outdoor field space (soccer, lax, football, rugby)	Yes	No	5	4	3	2	1
P. Outdoor softball/baseball fields	Yes	No	5	4	3	2	1
Q. Outdoor tennis courts	Yes	No	5	4	3	2	1
R. Outdoor basketball courts	Yes	No	5	4	3	2	1
S. Outdoor golf learning center	Yes	No	5	4	3	2	1
T. Second public golf course	Yes	No	5	4	3	2	1
U. Off-leash dog areas	Yes	No	5	4	3	2	1
V. Outdoor swimming pool	Yes	No	5	4	3	2	1
W. Outdoor playgrounds	Yes	No	5	4	3	2	1
X. Outdoor equestrian park	Yes	No	5	4	3	2	1
Y. Outdoor bike park	Yes	No	5	4	3	2	1
1. Outdoor ice rink	Yes	No	5	4	3	2	1
2. Outdoor paddleball	Yes	No	5	4	3	2	1
3. Outdoor pickleball court	Yes	No	5	4	3	2	1
4. Outdoor skateboarding park	Yes	No	5	4	3	2	1

13. Which **FOUR** of the facilities from the list in Question #12 are *most important* to your household? [Using the letters and numbers in the left hand column of Question #12 above, please write in the letters and numbers below for your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> choices, or circle 'NONE'.]

1<sup>st</sup>. \_\_\_\_\_ 2<sup>nd</sup>. \_\_\_\_\_ 3<sup>rd</sup>. \_\_\_\_\_ 4<sup>th</sup>. \_\_\_\_\_ NONE

**14. Are the sports and recreation programs listed below important to YOU or any member of your HOUSEHOLD? Circle the YES or NO next to the recreation program.**

If YES, please rate the following recreation PROGRAMS and activities on a scale of 5 to 1, where 5 means “100% Meets Your Need” and 1 means “Does Not Meet the Need” of your household.

Type of program	Is this program important to you/your family?		If YES this is important, how well is your need being met?				
	Yes	No	100% Met	75% Met	50% Met	25% Met	0% Met
	A. Youth Before and After school programs	Yes	No	5	4	3	2
B. Preschool programs	Yes	No	5	4	3	2	1
C. Youth summer day camp programs	Yes	No	5	4	3	2	1
D. Youth sports leagues/programs	Yes	No	5	4	3	2	1
E. Youth sports specialty camps (soccer, baseball, mountain biking, etc.)	Yes	No	5	4	3	2	1
F. Youth fitness programs	Yes	No	5	4	3	2	1
G. Youth learn to swim programs	Yes	No	5	4	3	2	1
H. Adult indoor sports leagues (basketball, soccer, lacrosse, volleyball, etc.)	Yes	No	5	4	3	2	1
I. Adult sports tournaments	Yes	No	5	4	3	2	1
J. Adult swim programs	Yes	No	5	4	3	2	1
K. Adult water fitness programs	Yes	No	5	4	3	2	1
L. Adult fitness programs	Yes	No	5	4	3	2	1
M. Senior fitness programs	Yes	No	5	4	3	2	1
N. Community wellness programs	Yes	No	5	4	3	2	1
O. Teen programs	Yes	No	5	4	3	2	1
P. Programs for people with disabilities	Yes	No	5	4	3	2	1
Q. Equestrian programs	Yes	No	5	4	3	2	1
R. Golf lessons	Yes	No	5	4	3	2	1
S. Golf tournaments	Yes	No	5	4	3	2	1
T. Nordic programs (x-country/skate ski)	Yes	No	5	4	3	2	1
U. Figure skating programs	Yes	No	5	4	3	2	1
V. Hockey programs	Yes	No	5	4	3	2	1
W. Learn to skate programs	Yes	No	5	4	3	2	1
X. Team sport program (indoor practice)	Yes	No	5	4	3	2	1
Y. Team sport program (outdoor practice)	Yes	No	5	4	3	2	1
1. Tennis lessons and clinics	Yes	No	5	4	3	2	1
2. Tennis tournaments	Yes	No	5	4	3	2	1

**15. Which FOUR of the programs from the list in Question #14 are most important to your household?** [Using the letters and numbers in Question #14 above, please write in the letters and numbers below for your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> choices, or circle 'NONE'.]

1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_ 4<sup>th</sup>: \_\_\_\_\_ NONE

16. For the following programs and activities, please circle the ONE option that best describes how you feel the direct costs for offering the program or activity should be paid.

Program or Activity	100% taxes 0% Fees	75% taxes 25% Fees	50% taxes 50% Fees	25% taxes 75% Fees	0% taxes 100% Fees	Don't Know
A. Special events for families	1	2	3	4	5	9
B. Youth programs (0-12 years of age)	1	2	3	4	5	9
C. Teen programs (13-17 years of age)	1	2	3	4	5	9
D. Adult programs (18-64 years of age)	1	2	3	4	5	9
E. Older adults programs (65 years of age and over)	1	2	3	4	5	9
F. Programs for people with disabilities	1	2	3	4	5	9

17. From the following list, please check ALL the ways you and members of your household use trails. (Check ALL of the ways you use trails)

- (01) Walking/hiking/running
- (02) Mountain biking
- (03) Nordic skiing (x-country/skate ski)
- (04) Dog walking
- (05) Alternative transportation (non-motor)
- (06) Winter hiking/snowshoeing
- (07) Equestrian
- (08) Winter biking
- (09) Wildlife viewing
- (10) None [Please skip to Question #24]

18. From the following list, please check ALL the types of trails you or members of your household use. (Check ALL that you use)

- (1) Hard surface multi-use
- (2) Soft surface multi-use
- (3) Back-country singletrack
- (4) Specialized bike park and pump track areas
- (5) Flow trails for mountain biking
- (6) Free-ride/trails for downhill mountain biking

19. How do you MOST OFTEN access trail systems? (Check ONE)

- (1) From my residence
- (2) From the trailhead
- (3) Other: \_\_\_\_\_

20. How supportive are you of separating trails by user types as a method of managing trail user conflicts?

- (1) Very supportive
- (2) Somewhat supportive
- (3) Not sure
- (4) Not supportive

21. From the following list, please check ALL the ways you recreate with your dog on public trails.

- (1) While my dog is on a leash
- (2) While my dog is off-leash
- (3) I do not recreate with my dog on trails
- (4) I do not own a dog

22. On average, how many days per week have you and members of your household used the TRAILS in Park City and Snyderville Basin during the past 12 months?

- (1) 1-2 days
- (2) 3-4 days
- (3) 5-6 days
- (4) 7 days

23. Overall, how would you rate the physical condition of ALL the TRAILS you and members of your household have visited?

- (1) Excellent
- (2) Good
- (3) Fair
- (4) Poor

24. The Snyderville Basin Special Recreation District is studying the potential for expanding program spaces and adding new program spaces at the Basin Recreation Fieldhouse.

From the following list, please check ALL the programming areas you would like EXPANDED OR IMPROVED at the Basin Fieldhouse.

- |   |   |
|---|---|
| <input type="checkbox"/> (1) Group fitness class studios                | <input type="checkbox"/> (5) Gymnasium space (wood floor) |
| <input type="checkbox"/> (2) Multi-purpose room (parties, etc.)         | <input type="checkbox"/> (6) Climbing wall                |
| <input type="checkbox"/> (3) Child care facilities                      | <input type="checkbox"/> (7) 2 <sup>nd</sup> indoor field |
| <input type="checkbox"/> (4) Expanded weight room/cardio equipment area | <input type="checkbox"/> (8) Other: _____                 |

25. Which FOUR of the expansions or improvements to EXISTING PROGRAM SPACES or development of NEW PROGRAM SPACES from the list in Question #24 are *most important* to your household? [Using the numbers in Question #24 above, please write in the numbers below for your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> choices, or circle 'NONE'.]

1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_ 4<sup>th</sup>: \_\_\_\_\_ NONE

26. An investment in an expansion of the Park City Aquatic Center (PCAC) located at Ecker Hill Middle School is being considered.

From the following list, please check ALL the amenities you would like at the Park City Aquatic Center.

- (1) Indoor leisure pool (slides, sprays, etc.)
- (2) Indoor lap lanes for exercise swimming
- (3) Indoor 50 meter lap/competition pool
- (4) Water aerobics
- (5) Other: \_\_\_\_\_

27. Which TWO of the expansions or improvements to EXISTING PROGRAM SPACES or development of NEW PROGRAM SPACES from the list in Question #26 are *most important* to your household? [Using the numbers in Question #26 above, please write in the numbers below for your 1<sup>st</sup> and 2<sup>nd</sup> choices, or circle 'NONE'.]

1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ NONE

28. What is the maximum amount of additional annual property taxes you would be willing to pay to fund the development and operations of the types of indoor and outdoor parks, trails, fitness, sports, and recreation facilities that are most important to you and members of your household?

- |   |   |
|---|---|
| <input type="checkbox"/> (1) \$200 or more per year | <input type="checkbox"/> (5) \$25-\$49 per year |
| <input type="checkbox"/> (2) \$150-\$199 per year   | <input type="checkbox"/> (6) \$1-\$24 per year  |
| <input type="checkbox"/> (3) \$100-\$149 per year   | <input type="checkbox"/> (7) Nothing            |
| <input type="checkbox"/> (4) \$50-\$99 per year     |   |

29. Please rate your satisfaction on a scale of 5 to 1, where 5 means "Very Satisfied" and 1 means "Very Dissatisfied", with the overall value your household receives from the Park City Recreation Department.

- |   |  |
|---|--|
| <input type="checkbox"/> (5) Very Satisfied     | <input type="checkbox"/> (2) Somewhat Dissatisfied |
| <input type="checkbox"/> (4) Somewhat Satisfied | <input type="checkbox"/> (1) Very Dissatisfied     |
| <input type="checkbox"/> (3) Neutral            | <input type="checkbox"/> (9) Don't Know            |

30. Please rate your satisfaction on a scale of 5 to 1, where 5 means "Very Satisfied" and 1 means "Very Dissatisfied", with the overall value your household receives from the Snyderville Basin Special Recreation District.

\_\_\_\_ (5) Very Satisfied

\_\_\_\_ (4) Somewhat Satisfied

\_\_\_\_ (3) Neutral

\_\_\_\_ (2) Somewhat Dissatisfied

\_\_\_\_ (1) Very Dissatisfied

\_\_\_\_ (9) Don't Know

31. What is your age? \_\_\_\_\_

32. Your gender: \_\_\_\_ (1) Male      \_\_\_\_ (2) Female

33. Please check the zip code for your primary residence

\_\_\_\_ (1) 84060

\_\_\_\_ (2) 84098

\_\_\_\_ (3) 84068

\_\_\_\_ (4) Other: \_\_\_\_\_

**This concludes the survey. Thank you for your time.**

Please Return Your Completed Survey in the Enclosed Return-Reply Envelope Addressed to:  
ETC Institute, 725 W. Frontier Circle, Olathe, KS 66061,

**\*\*FOR THOSE WHO PREFER TO RESPOND ONLINE, A WEBSITE WILL BE PROVIDED ON THE SURVEY YOU RECEIVE IN THE MAIL- YOU WILL NEED THE IDENTIFICATION NUMBER FOUND ON THE PAPER SURVEY TO USE THE ONLINE OPTION.**

Your response will remain completely confidential. The address information on the sticker to the right will ONLY be used to help identify areas with different needs for programs and services.