



## Have Your Say: Programs and Memberships

### Personal Information (optional)

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Program Survey

Do you read the seasonal Parks, Recreation and Culture Fun Guide?  YES  NO

Do you currently participate in Parks, Recreation and Culture Programs?  YES  NO

If yes, which ones?

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What do you like about this programs (check all that apply):

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Price        | <input type="checkbox"/> Instructor     |
| <input type="checkbox"/> Location     | <input type="checkbox"/> Season         |
| <input type="checkbox"/> Program Type | <input type="checkbox"/> Social Reasons |

Other: \_\_\_\_\_

When would you be more likely to register for a recreation program?

- |                                  |                                    |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Weekends  |

What type of program would you like to see offered?

- |  |   |
|--|---|
| <input type="checkbox"/> Children & Youth Programs | <input type="checkbox"/> Sport            |
| <input type="checkbox"/> Adult Programs            | <input type="checkbox"/> Art & Culture    |
| <input type="checkbox"/> +55 Programs              | <input type="checkbox"/> Special Interest |
| <input type="checkbox"/> Fitness                   | <input type="checkbox"/>                  |

What new programs would you like to see offered? \_\_\_\_\_

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Are there any programs you would be able to instruct? \_\_\_\_\_

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## Have Your Say: Programs and Memberships

Can we contact you regarding this information? (personal information must be filled out)  
 YES  NO

Please feel free to add any additional information that you feel might be valuable in better meeting your recreational needs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Memberships

Which amenities of the new Recreation Facility would you like included in your membership?

- |   |  |
|---|--|
| <input type="checkbox"/> Lane Swim        | <input type="checkbox"/> Walking Track |
| <input type="checkbox"/> Leisure Pool     | <input type="checkbox"/> Open gym      |
| <input type="checkbox"/> Fitness Programs | <input type="checkbox"/> Therapy Pool  |
| <input type="checkbox"/> Fitness Centre   | <input type="checkbox"/> Child care    |
| <input type="checkbox"/> Aqua fitness     | <input type="checkbox"/> Other _____   |

Which type of program do you prefer?                       Drop-In                       Registered

Would you like to see an all-inclusive membership (i.e. membership that includes access to all the above amenities) or amenities added separately (i.e. membership that only allows access to the fitness centre)? Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit this survey to:  
The City of Orillia  
Parks, Recreation and Culture Department – 3<sup>rd</sup> floor reception desk  
50 Andrew Street South  
Orillia, ON L3V 7T5

If you have any further questions, you can contact Megan Kamphuis, Recreation Program Supervisor by e-mail at [mkamphuis@orillia.ca](mailto:mkamphuis@orillia.ca) or by phone at (705) 325-4786.

**THANK YOU FOR YOUR FEEDBACK!**