

Easy questions to determine your Business Needs

Please fill in the form to enable us to tailor your free consultation with respect to your specific business needs.

We want to be able to make more insightful recommendations and develop an individualized action plan for your business, utilizing the resources and services available through 3rd Level Consulting.

*** 1. Please tell us a little bit about yourself. We will NOT re-distribute ANY of your information to other parties.**

Name:	<input type="text"/>
Company:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State/Province:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>

2. Web Site address

3. Business History - start year, key milestones

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4. Which Programs do you currently offer?

	Yes	No	In Past	Considering
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afterschool Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birthday Parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock / Ropes Activites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

5. Business Goals for next 1-2 years

6. Facilities - please describe location(s), square footage, lease or own, lease or mortgage terms, monthly payments

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7. How would you rate your Marketing Components?

	Excellent	Good	Fair	Poor
Internal Marketing / Word of Mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
External Marketing / Advertising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Web Site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Marketing Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Needs (please specify)

8. How would you rate your education of Program Managers and Office Managers?

	Excellent	Good	Fair	Poor
Technical Competence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People and Leadership Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business Management Concepts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Needs

9. What are your company's information technology needs?

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10. What are your company's financial organization needs?

11. Other Needs not addressed above

You are done, and we will follow up this survey to set up your free consulting session.

If you would prefer an IMMEDIATE, ONLINE set of solutions, then check out 3rd Level's TOTAL ACCESS Program at www.3rdLevelConsulting.com, featuring the industry's premier online Best Practices Library. This resource features over 2,500 template documents in both Activity Programs and Business operations for your use!

Best regards,

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www.3rdLevelConsulting.com

~~Please hit the "DONE" button to save PRIOR to exiting the survey. Thanks!~~