Unified Enterprise Survey – Annual



# 2006 Survey of Service Industries: Amusement and Recreation

This document is confidential when completed. Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au numéro sans frais suivant : 1 888 881-3666.

#### If necessary, please make address label corrections in the boxes below

	, pieae							
0001	Legal name		0004	Address (number and street)				
	Business name		0005	City				
0021	Title of contact	FO	0006	Province/ Territory or State				
	First name of contact	FU	0053	Country		0007	Postal code/ Zip code	
	Last name of contact	INFORM		Language preference	1 English	ı	2	French
	This information is collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.							

COMPLETION OF THIS QUESTIONNAIRE IS A LEGAL REQUIREMENT UNDER THIS ACT.

## A - Introduction

### **Survey Purpose**

This survey collects the financial and operating data needed to develop national and regional economic policies and programs. For more information on this survey, please access www.statcan.ca/english/survey/index.htm.

### **Data-sharing Agreements**

In an effort to reduce reporting burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. The data are kept confidential and used for statistical purposes only. Please see the enclosed Reporting Guide for details of these agreements.

### Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada. Please see the enclosed Reporting Guide for more information.

### Fax or Other Electronic Transmission Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act.* 

## Please return the questionnaire within 30 days.

Please mail the completed questionnaire in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999.

Lost the return envelope or need help? Call us at **1 888 881-3666** or mail to: Statistics Canada, Operations and Integration Division, 150 Tunney's Pasture Driveway, Ottawa, Ontario K1A 0T6

#### Visit our website at www.statcan.ca



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в	- Main Business Activity				
1.	Please describe the nature of your business.				
	0055				
2.	Please check the one main activity which most accurately represents your main source of revenue.				
	0297 Amusement and theme parks				
	<sup>0298</sup> Amusement arcades ( <b>include</b> indoor playgrounds)				
	<sup>0299</sup> Golf courses and country clubs				
	<sup>0300</sup> Skiing facilities				
	<sup>0301</sup> Marinas				
	<sup>0302</sup> Fitness and recreational sports centres and facilities				
	<sup>0324</sup> Bowling centres				
	<sup>0304</sup> All other amusement and recreational industries (please specify):				
	<sup>0040</sup> None of the above – Please call <b>1 888 881-3666</b> for further instructions.				
С	- Reporting Period Information ONLY				
1.	Please report information for your <u>fiscal year</u> (normal business year) <b>ending between</b> April 1, 2006 and March 31, 2007. Please indicate below the period covered by this questionnaire.				
	YYYY MM DD YYYY MM DD				
	From 0011 To 0012				
2.	If you did not operate this business unit for a full year, please check the reason(s) below:				
	0031 1       Seasonal       2       New       3       Change of       4       Change of       5       Ceased       6       Temporarily         operations       business       fiscal year       ownership       operations       6       Temporarily				
Re	eporting Instructions:				
-	- Report for business unit(s) specified on the label on the front page.				
<ul> <li>Complete only the questions that apply to your business.</li> </ul>					
-	<ul> <li>When precise figures are not available, please provide your best estimate.</li> </ul>				
-	<ul> <li>Report in Canadian dollars only. Dollar amounts and percentages should be rounded to whole numbers.</li> </ul>				
-	<ul> <li>Consult the enclosed Reporting Guide for further information.</li> </ul>				
D	- E - Not applicable				
L					

F - Industry Characteristics - Amusement and recreation							
Please provide a breakdown of your sales and services revenue according to the following sources, where applicable (please see enclosed Reporting Guide for further information).							
1.	season passes, memberships and initiation fees)						
	a)	Golf courses and country clubs	2818	CAN\$			
	b)	Skiing facilities	2819				
	c)	Fitness and recreational sports centres ( <b>exclude</b> spa services)	2822				
	d)	Amusement parks and arcades (include receipts from rides, games and attractions)	2820				
	e)	Bowling centres (exclude lawn bowling)	2823				
	f)	Other recreational facilities (e.g., swimming, skating, curling, horseback riding, dance halls, lawn bowling, day camps, etc.)	2824				
		(please specify):					
2.	Marina services ( <b>include</b> pleasure craft dockage, launching and utilities services)						
3.	Spa	a services	2826				
4.	Corporate and party event services EORNATION 2777						
5.	Sports and recreation occupation services ( <b>include</b> caddy fees, guide services, instructional program fees, fitness evaluation and sports coaching)						
6.	Rental of facilities (e.g., conference rooms, theatres, ice surfaces, grounds, etc.)						
7.	Rental of traveller accommodations						
8.	Rental of recreational goods and equipment						
9.	Repair and maintenance of sporting, fitness and recreational vehicles and equipment						
10.	Registration fees for sports tournaments and matches						
11.	Advertising revenue						
12.	Sale	es of food and non-alcoholic beverages	1429				
13.	. Sales of alcoholic beverages						
14.	. Sales of merchandise						
15.	Oth	er revenue from sales or services (e.g., fishing charters)	2558				
	(ple	ase specify):					
16.	Tot	al sales and services revenue (sum of questions 1 to 15)	2305				

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G	i - Personnel			Number			
1.	Number of <b>non-salaried</b> partners and proprietors (if salaried, report only at question 2 b	pelow)	6321	Number			
2.	a) Number of paid employees (based on year-end T4 payroll summaries)		6339				
			%				
	b) Percentage of paid employees who worked full time	6328					
3.	Number of contract workers (for whom you did not issue a T4, such as freelancers and workers)	casual	6320	Number			
4.	Number of volunteers (including unpaid interns and co-op students) during the reporting (estimates are acceptable)	period	6014				
5.	Total number of hours worked by volunteers during the reporting period (estimates are		6026	Number of hours			
	acceptable)						
	- Sales by Type of Client FOR						
Ple	ease provide a percentage breakdown of your sales by type of client.	N					
1.	Clients in Canada			%			
	a) Businesses ONLY		8112				
	b) Individuals and households		8100				
	c) Governments and public institutions (e.g., hospitals, schools)		8233				
2.	Clients outside Canada		8140				
	Total			100%			
۱-	I - J - Not applicable						

K - Provincial/Territorial Distribution							
1.	<ul> <li>Please report the number of permanent business units/locations operating in Canada during the reporting period. Business unit is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.</li> </ul>						
2.	Do you have permanent business units/locations in more than <b>one</b> province or territory?						
	<sup>9966</sup> <sup>1</sup> Yes – Please complete question 3						
	<sup>3</sup> No	- Please go to Sec	tion L				
3.	Please report the f	ollowing data for the	provinces or territories	s in which you have bu	isiness units.		
	Please indicate if y	/ou are reporting in <b>e</b>	ither Canadian dollars	s <b>or</b> percentages.			
			9967 1	<b>\$ OR</b> <sup>2</sup>	%		
		Number of business units (locations)	Total revenue	Salaries, wages and employee benefits	Amortization and depreciation of tangible and intangible assets	Total expenses	
1.	Newfoundland and Labrador	5002	4824	4826	4827	4927	
2.	Prince Edward	5003	4829	4831	4832	4932	
3.	Nova Scotia	5004	4834	4836	4837	4937	
4.	New Brunswick	5005	4839	4841	4842	4942	
5.	Quebec	5006	4844	4846	4847	4947	
6.	Ontario	5007	4849	4851	4852	4952	
7.	Manitoba	5008	4854	4856	4857	4957	
8.	Saskatchewan	5009	4859	4861	4862	4962	
9.	Alberta	5010	4864	4866	4867	4967	
10.	British Columbia	5011	4869	4871	4872	4972	
11.	Yukon	5014	4874	4876	4877	4977	
12.	Northwest Territories	5013	4879	4881	4882	4982	
13.	Nunavut	5012	4884	4886	4887	4987	
14.	Total	5015	4889	4891	4892	4992	

L - Contact Information					
0015	Date completed	Name of person to contact about this questionnaire:			
YYYY	MM DD				
		$^{0026}$ <sup>1</sup> Mr. <sup>2</sup> Mrs. <sup>3</sup> Miss <sup>4</sup> Ms			
		Mr. <sup>2</sup> Mrs. <sup>3</sup> Miss <sup>4</sup> Ms			
		First name 0013			
		Last name 0054			
		Title			
E-mail		Website			
address		address <sup>0020</sup>			
Telephone		Extension Fax			
number <sup>0017</sup>	( )	number number ( ) 0027 0016			
0017		Hour(s) Minutes			
How long did y	ou spend collecting the data and cor				
i lott lottg ala y					
M - Comm	ents				
		FOR			
	comments below. Please be assured	that we review all comments with the intent to improve the survey.			
9920					
		JKINAHUN			
		ONI Y			
9913		UNE			
9914					
9915					
9916					
Thank you for completing this questionnaire. Please retain a copy for your records.					
	Visi	t our website at www.statcan.ca			