Indian Hills Country Club Membership Informational Meetings - Input Survey September 9th and 10th, 2020

Please answer the following questions from today's discussion regarding the content of the proposed Club Improvement Program. Your input is very important in helping us present a program that is the very best it can be for the Members of Indian Hills Country Club.

| 1. Do you agree with the <u>overall direction</u> of the Club Improvement Program and feel it will serve the needs of both present and future Indian Hills Country Club Members? | |
|--|---|
| □¹ Strongly Agree □² Agree □³ Disagree □⁴ Strongly Disagree | |
| 2. How would you propose that we change the program to better serve the Memb | pers? |
| | |
| | |
| | Very Important Unimportant Very Unimportant |
| 3. How important do you feel the following elements of the Club Improvement Program are to you and your family and the overall health of the Club? | |
| CLUBHOUSE ENHANCEMENTS: | |
| Aesthetic Enhancements to Main Lobby / Foyer | 1 2 3 4 |
| Repurposing of the current Cafe to a new Bar / Grille experience | 1 2 3 4 |
| Renovation of the Cherry Room to be a casual Member dining venue | 1 2 3 4 |
| Renovation of the current Main Level Kitchen | 1 2 3 4 |
| New outdoor covered terrace for Member dining | 1 2 3 4 |
| Relocated and expanded Fitness Facility | 1 2 3 4 |
| New Wifi-lounge amenity | 1 2 3 4 |
| New Family / Pool oriented lower level dining venue | 1 2 3 4 |
| New Youth Room / multi-purpose room | 1 2 3 4 |
| Arrival sequence / Parking lot improvements | 1 2 3 4 |
| TENNIS / POOL ENHANCEMENTS: | |
| Tennis court surface upgrades | <u></u> 1 <u>2</u> <u>3</u> <u>4</u> |
| Pool Cabana enhancements | <u> </u> |
| GOLF COURSE ENHANCEMENTS: | |
| Bunker Improvements | 1 2 3 4 |
| Irrigation Improvements | <u> </u> |

| 4. Do you feel the proposed Club Improvement Program will increase your utilization of the Club? | |
|--|--|
| ☐¹ Strongly Agree ☐² Agree ☐³ Disagree ☐⁴ Strongly Disagree | |
| 5. Do you feel the proposed Club Improvement Program will have a positive impact on the Club's ability to attract prospective new Members? | |
| ☐¹ Strongly Agree ☐² Agree ☐³ Disagree ☐⁴ Strongly Disagree | |
| 6. Based on the presentation that you have heard today, are you in favor of the proposed preliminary financial model as presented? | |
| ☐¹ Strongly Agree ☐² Agree ☐³ Disagree ☐⁴ Strongly Disagree | |
| 7. How would you suggest the funding program be changed to better serve the Members? | |
| | |
| | |
| 8. Which Informational Meeting did you attend? | |
| □¹ Wednesday, September 9th @ 4PM □² Wednesday, September 9th @ 6PM □³ Thursday, September 10th @ 12PM □³ Thursday, September 10th @ 12PM | |
| 9. What is your Membership Classification? | |
| □¹ Senior □³ Senior Over Seventy □⁵ Lady □² Senior Advantage □⁴ Junior / Legacy □⁶ Non-Resident | |
| 10. What is your age? | |
| \square^1 25 & Under \square^2 26 - 35 \square^3 36 - 45 \square^4 46 - 55 \square^5 56 - 65 \square^6 66 - 75 \square^7 Over 75 | |
| 11. How long have you been a Member? | |
| \square^1 Less than 2 years \square^2 2 - 5 years \square^3 6 - 10 years \square^4 11 - 20 years \square^5 More than 20 years | |
| 12. Do you have children under the age of 18 living at home? | |
| □¹ Yes □² No | |
| 13. In which of the follow activities at the Club do you participate? (PLEASE SELECT ALL THAT ARE APPLICABLE) | |
| \square^1 Member Dining \square^2 Golf \square^3 Fitness \square^4 Tennis \square^5 Pool | |
| 14. Please provide us with any additional thoughts with regard to the proposed Club Improvement Program. | |
| | |
| | |
| 15. Member Name (optional) | |