

# 2005-2006 AWARDS PROGRAM SURVEY

ASSOCIATION: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

**!!ZONE AND D.C. ASSOCIATIONS ARE REQUIRED TO COMPLETE THIS FORM AND RETURN IT TO THE OFFICE!! INFORMATION IS REQUIRED IN ORDER FOR PROVINCIAL OFFICE TO CONDUCT A REVAMPING OF THE AWARDS PROGRAM IN ORDER TO BEST SUIT THE CURRENT REQUIREMENTS OF O5 MEMBERSHIP.**

This survey is to canvass your association to find out whether or not you will be participating in the O5PBA Awards Program for the 2005-2006 season. This survey should be completed and returned to the Provincial Office NO LATER THAN NOVEMBER 6th, 2005 (O5PBA Semi-Annual Meeting).

**IS THE "AWARDS PROGRAM" AN ACTIVE PROGRAM WITHIN YOUR ASSOCIATION.**  
YES [    ]      NO [    ]

IF NO, PLEASE EXPLAIN WHY?:

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**PLEASE INDICATE WHETHER OR NOT YOUR ASSOCIATION WILL BE PARTICIPATING IN THE O5PBA AWARDS PROGRAM FOR THE 2005-2006 SEASON.**  
YES [    ]      NO [    ]

IF NO, PLEASE EXPLAIN WHY?:

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IF YES, WILL YOU BE ORDERING:

Award Pins (Only)

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Year-End Awards (Only)

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Awards & Year-End Awards

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**DO YOU ORDER MERIT PINS FOR YOUR LEAGUES?**    YES [    ]      NO [    ]

IF NO, PLEASE EXPLAIN WHY?:

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# **2005-2006 AWARDS PROGRAM SURVEY**

**DO YOU HAVE ANY GUIDELINES FOR THE PRESENTATION OF THE MERIT PIN? YES [    ] NO [    ] IF YES, PLEASE ATTACH A COPY WITH THIS FORM.**

**DOES YOUR ZONE/D.C. ASSOCIATION RECOGNIZE MEMBERS FOR ACHIEVEMENTS OTHER THAN INDIVIDUAL ON-LANE ACTIVITY (e.g. LIFE MEMBERSHIP, INCENTIVE FOR LEAGUE EXECUTIVES, YEARS OF SERVICE AS LEAGUE VOLUNTEERS? YES [    ] NO [    ]. IF YES, PLEASE ATTACH DESCRIPTION(S).**

**PLEASE INDICATE WHETHER OR NOT YOUR ASSOCIATION CURRENTLY OFFERS AN "AWARDS SUPPLEMENT PROGRAM"? YES [    ] NO [    ]. IF YES, PLEASE ATTACH A DESCRIPTION OF YOUR PROGRAM WITH THIS REPORT.**

**DO YOU FEEL THAT THE AWARDS PROGRAM AT IS IT NOW IS OUT-DATED AND NEEDS TO BE RE-VAMPED? YES [    ] NO [    ].**

**IF YES, PLEASE EXPLAIN WHY?:**

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**PROVIDE BELOW ANY SUGGESTIONS HOW THE PROGRAM COULD BE CHANGED:**

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**DO YOU HAVE SUFFICIENT KNOWLEDGE ON HOW THE AWARDS PROGRAM WORKS? YES [    ] NO [    ].**

**IF NO, WHAT INFORMATION ARE YOU MISSING?**

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**WHAT WOULD YOU LIKE TO SEE AS PRINTED INFORMATION ON THE PROGRAM?**

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**Please note that if you submit a description with this report you will automatically be issued your incentive points for the Awards Supplement Program.**