



CAMBA Mountain Bike Trail User Survey

Please enter the date: _____

The Chequamegon Area Mountain Bike Association (CAMBA) is conducting this survey to gather information on trail users in an attempt to ascertain ways to improve the trails and services provided to users. Your assistance in completing this survey is greatly appreciated. Thanks!

1. How many miles is it from your home to where you got on the trail during this visit? _____ (one-way miles)
2. During a single visit, what was the average time spent on the trail? _____
3. How many people from each of the following age categories were in your group on the trail during your most recent visit? (please include yourself and write the numbers in the spaces provided)
____ 15 and under ____ 26 to 35 ____ 46 to 55 ____ 66 and over
____ 16 to 25 ____ 36 to 45 ____ 56 to 65
4. How many people including yourself were in your group (regardless of whether or not they were with you on the trail) during your most recent visit? _____ (# of people)
5. How many people in your group are members of your immediate family (including yourself)? _____ (# of people)
6. Is your visit to this trail part of an overnight trip away from home? ___ Yes ___ No (if "no", go to Q-7)
 - a. How many days will you spend in this area during your trip? _____ (# of days)
 - b. During your stay, how many nights will you be using each of the following types of accommodations in the area? (please write in the number in the space provide)
____ Hotel/Motel/Bed & Breakfast ____ Second home ____ Resorts
____ Campground ____ With friends or relatives ____ Rented home or cottage
____ Other (please specify) _____

(Survey continued on the other side)

7. Was visiting the CAMBA trails one of the reasons for your trip to this area?
 ___Yes (if "yes", was it the primary reason?
 ___No (go to Q-7a)
- a. Other than the CAMBA trails, please give the primary reason for your visit? _____
8. On about how many different days did you bike on the CAMBA trails during the past 12 months? ___# of Days
9. How much do you and your immediate family plan on spending / did you spend in this area during this trip?
 \$_____ estimated trip expenditures (within approximately 30 miles of the Cable-Hayward area)
10. As a result of your experience on the CAMBA trails would you be likely to:
 Return to the area: Yes___ No___ Purchase land or second home in the area: Yes___ No___
 Start or relocate a business in the area: Yes___ No___
11. What is your age? _____Years
12. What is your Zip Code? _____
13. What type(s) of trails do you prefer to ride (check all that apply):
 ___ Technical singletrack ___ Easy riding singletrack ___ Double track/Woods Roads/Snowmobile & Ski Trails ___ Gravel Roads

Trail managers and planners can better serve your interests if they understand your entire trail visit and experience. Therefore, we would very much like to send you a more detailed follow-up survey to complete at your convenience. Would you be willing to give us your name and address so we can mail you a follow-up survey?

NAME _____ ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____ EMAIL _____

If you have any other comments or questions regarding your mountain biking experience in this area, please use this space for that purpose.