

BATTLE BLAST™

Company Questionnaire

The purpose of this questionnaire is to help simplify the process of creating a Battle Blast™ to fit your company's needs. Please complete the questions and fax to Battle Headquarters when finished. - Thank you.

Contact's Name _____ Company _____
 Phone # _____ Fax # _____ E-mail _____

1) Below is a list of potential Battle Blast™ games. In the appropriate column, please check the events your committee has ranked as the games / events you would like to have at the Battle Blast™. Rating system: 1 being - (rather not) and 5 being - awesome (a must do)!

Choice	Rating	Choice	Rating	Choice	Rating
<input checked="" type="checkbox"/> Aquatics Obstacle Course	1 - 2 - 3 - 4 - 5	<input checked="" type="checkbox"/> Graham Cracker Constr.	1 - 2 - 3 - 4 - 5	<input checked="" type="checkbox"/> Rec. Volleyball	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Balloon Toss Contest	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Horseshoes	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Relay Medley (water)	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Battle Ball	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Hot Shot Contest	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Rock Wall Climbing	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Battle Black Jack	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Human Shuffleboard	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Sac Race	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Best Banner	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Human Treasure Hunt	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Scavenger Hunt	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Bocce Ball	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Jell-O Slurp	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Simon Says	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Briefcase Relay	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Kickball	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Survivor Island Competition	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Charades	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Lip Sync	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Sweatshirt Relay (water)	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Checkers	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Nearest to the Pin	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Team Building Surprise	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Creative Building	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Operation Game	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Team Karaoke	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Except. Sportsmanship	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Pictionary	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Team Spirit	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Extreme Word Fun	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Putt Putt	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Tug-O-War	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Food Fun	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Quad Ball	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Ultimate Obstacle Course	1 - 2 - 3 - 4 - 5
<input type="checkbox"/> Gladiator Jousting	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Raft Relay (water)	1 - 2 - 3 - 4 - 5	<input type="checkbox"/> Wiffle Ball	1 - 2 - 3 - 4 - 5

- 2) Please indicate the following regarding your Battle Blast™:
- Event to be located where? Onsite Facilities Off-site Location Company Picnic Activity
 - If onsite, please indicate available facilities: Grass Fields Pool Gymnasium
 - Large Rooms Tennis Courts Basketball Courts
 - Track Bleachers Sound System
 - Racquetball Courts Locker Rooms
 - Conference Room Other _____
 - Event Length? All Day ½ Day 2 Hours Other _____
 - Start Time _____ End Time _____ Lunch/Dinner Breaks _____
 - Do you need any of the following for your event? Food Table Settings / Rental Equipment
 - Awards Souvenirs
 - Sound System Other _____
 - Please indicate the number of participants you will be expecting? _____ Number of Teams? _____
 - How many individuals to a team? _____ How many events? 4 5 6 7 8 9 10

3) What are your preferred dates for your Battle Blast™: Summer 2010 _____ Fall 2010 _____ Other _____

- 4) Are you interested in providing an educational component to your Battle Blast? Yes No
- If yes, please indicate the topic(s) of interest for your program.
- Teamwork 101 Stress-Free Management What's the Health of Your Team?
 - 7 Habits of Highly 'Defective' People Stress: The Constant Challenge Finding Balance
 - Leadership & Relationship Building Creating a Healthy Workplace Conflict: Necessary But Not Sufficient
 - You Can Get There from Here Healing Power of Humor Is Your Glass Half Full or Did It Just Spill All Over Your Lap?
 - Learned Optimism: How to Change the Altitude of Your Attitude
 - She/He Who Laughs, Lasts: Coping with Stress through Humor

4) How can we help you to simplify your decision-making process? _____

Thanks for your time & cooperation in filling out this questionnaire.
 Please fax to Battle Headquarters at (716) 992-3747.