

BOWLING CENTER PROFILE

To help us understand your situation, we ask you to answer a few questions. Please call us if we can help you complete the Profile. Thank you.

Center _____ # of Lanes _____

Address _____

City _____ State _____ Zip _____

Center Phone _____ Email _____

Your Name _____

Mailing address (If different) _____

City _____ State _____ Zip _____

Day phone _____ Night _____ Fax _____

OWNERSHIP

Business and equipment owned by: _____

- "C" corporation
 "S" corporation
 Partnership
 Proprietorship

Real estate owned by: _____

- "C" corporation
 "S" corporation
 Partnership
 Proprietorship

Lease terms: Rent _____ Expires _____

Renewal _____

Are owners of busines/equipment and real estate affiliated? Yes No

BOWLING CENTER INFORMATION

BUILDING EXTERIOR

Building age _____ Construction _____ Sq. ft. _____

Recent improvements _____

Improvements still needed _____

Land size _____ Parking lot: Paved _____ Condition _____

Type of Lights _____ Signs: Number _____ Types _____

Roof condition _____ What repairs needed now? _____

HVAC condition _____ What repairs needed now? _____

BUILDING INTERIOR

Sprinklers Yes No

Bathrooms tiled Yes No

Ceiling fan Yes No

Side wall treatment _____

Smoke eaters Yes No

Age/condition of carpet _____

Recent Improvements _____

Improvements still needed _____

LANES

Wood Synthetics Guardian Other

Year installed _____ In a row Back to back

Last resurfaced _____

Head injected: Yes No

Decks injected: Yes No

BOWLING EQUIPMENT

Indicate manufacture and model (M&M), (e.g., Brunswick Frameworkx, AMF Spectrum, etc.)

Pinspotters _____

Oiling Machine Type _____

Telescore/Auto scoring _____

B & W

Color

Ball Return _____

Under Ground

Surface

Glow: Carpet _____ Lighting _____ Fog _____

System: Cosmic Xtreme Thunderalley

Other: _____ Music System Type: _____

Bumpers: No. of Lanes _____ Type _____

FOOD AND BEVERAGE DEPARTMENT

BAR

Lounge capacity _____ Type of License _____

Auto-measure system? Owned Leased Brand _____

Entertainment? Yes No Type _____

Overall appearance and theme _____

FOOD SERVICE

Restaurant Snack Bar Coffee Shop Capacity _____

Full Dinners Sandwich Menu

Leased? Yes No

AMENITIES

Pro Shop Yes No
 Leased Out? Yes No Terms _____
 Meeting Room Yes No
 Playroom Yes No w/Bathrooms Yes No
 # of Billiard Tables _____ In separate room? Yes No
 # of Video Games _____ Owned Leased—% split _____
 # of Vending Machine _____ Owned Leased—% split _____
 Redemption Center Yes No
 Other features : _____

PRICING

Top Open Play

	Day	Night	Weekend	Junior	Senior
This Year					
Last Year					

Top League

	Day	Night	Weekend	Junior	Senior
This Year					
Last Year					

Other

Shoe Rental	\$	Local Bottle Beer	\$
Rent-a-Lane	\$	Well Liquor	\$

COMPETITION

Center Name	# of Lanes	Distance	Condition/Quality

To give us a complete picture of your situation, please include the following important information for our analysis:

- 1. The last three years' profit-and-loss statements and recent balance sheet;
- 2. Year-to-date financial statement;
- 3. League schedules (please fill in the enclosed form);
- 4. Map of your city, locating your center;
- 5. Pictures of your facility (interior and exterior);
- 6. Is there anything else we should know?

CERTIFICATION

I have answered all questions accurately and thoroughly to the best of my knowledge.

Signature _____ Date _____

Thank you for your cooperation. We will keep this information in complete confidence.