



National Sporting Goods Association/Hockey Dealers Association/Sports Distributors of Canada

****COLLABORATION INQUIRY FORM****

NAME OF BUSINESS: _____

FULL ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____

NAME OF OWNER(S): _____

NAME OF PERSON MAKING INQUIRY: *(if different from above)*

MAJOR SPORTS LINES CARRIED: _____

MAJOR SUPPLIERS: _____

HOW DID YOU HEAR ABOUT THIS COLLABORATION? _____

YEARS IN BUSINESS: _____

ANNUAL SALES IN SPORTING GOODS: _____

SALES BREAKDOWN (in dollars):

HOCKEY (OVERALL)	_____
GOALIE EQUIPMENT	_____
SKATES	_____
STICKS	_____
ALL OTHER SPORTING GOODS	_____

(More)

STORE LOCATION: *(check one of the following)*

FREE STANDING _____
MAIN STREET _____
STRIP MALL _____
ENCLOSED MALL _____

RETAIL FOOTAGE: _____ sq.ft. – Stock Area _____ sq.ft. – Outdoor Storage _____ sq.ft.

ADDRESS OF BRANCH LOCATIONS (if applicable):

POPULATION OF MARKET AREA(S): _____

OTHER RETAILERS OF HOCKEY EQUIPMENT AND ACCESSORIES IN THIS MARKET:

WHY ARE YOU INTERESTED IN JOINING THIS COLLABORATION?

(List 1 to 6 in order of importance with 1 being most important)

MARKETING _____

INTERACTION WITH OTHER RETAILERS _____

REBATES _____

HIGHER MARGINS _____

LOWER PRICES _____

INFORMATION _____

COMMENTS?

Mail Completed Forms to:

*Hockey Dealers Association
c/o Marty Maciaszek
1601 Feehanville Dr., Suite 300
Mount Prospect, IL 60056
Email: mmaciaszek@nsqa.org*