

First Name
Last Name
Address

Postcode

Please assist by writing you name and address on the left side and completing the following information:

Evening Phone:

Fax Number:

Daytime Phone:

Mobile Phone:

Email Address

Masterpoint Number:

Date of Birth

The ABF Youth Committee has a very strict policy of not releasing any details including phone numbers from this database.

THE YOUTH DATABASE

The ABF is establishing a database of Youth players. By maintaining this database we are able to communicate with you about special events, contact you if we have tournaments which may be of interest to you or fax (or email) you with details of a special event. Please respond to this survey as we believe that your feedback is essential to the long term growth of Youth Bridge.

SURVEY OF PLAYERS

YOUR BRIDGE HISTORY

What got you interested in bridge?

Family

Friends

Bridge in a club

As a result of association with chess

Played 500

Bridge club at school or university

Other (specify) _____

Who taught you to play bridge?

Family member

Teacher at school

Bridge teacher in a club

Friend

Computer Program

Self-taught

Other (specify) _____

How long have you been playing bridge

less than 1 year

between 1 and 2 years

between 2 and 3 years

between 3 and 5 years

more than 5 years

How would you rate your game relative to other youth players

Expert

Good Club

Average Club

Improver

Beginner

YOUR YOUTH PARTICIPATION

Do you participate in regular youth sessions Yes No

Do you participate in regular club [duplicate](#) sessions Yes No

If YES which club _____

How often do you participate	Club	Youth
Once a week	<input type="checkbox"/>	<input type="checkbox"/>
Once a fortnight	<input type="checkbox"/>	<input type="checkbox"/>
Once a month	<input type="checkbox"/>	<input type="checkbox"/>
Irregularly	<input type="checkbox"/>	<input type="checkbox"/>

Preferred playing environment

	Prefer	Don't Mind	Prefer Not
Social Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Tournament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Tournament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bridge online (over the internet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Bridge Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify) _____

Are you bridge activities limited by study pressures Yes No

Are you bridge activities limited by transport issues Yes No

Have you participated in State Youth Selection Events Yes No

Have you represented your State at the ANC Yes No

Have you participated in National Youth Selection Events Yes No

Have you represented Australia Overseas Yes No

YOUR INPUT

Do you have an internet bridge account? Yes No

On which sites do you play

Okbridge Yes No

Yahoo Yes No

MSN Yes No

[Include Winbridge](#) apparently

Other _____

If YES approximately how many boards ([hands](#)) a week do you play

Okbridge

Yahoo

MSN

Winbridge

Other

Please provide your views on the future of tournament bridge, the role of the local or suburban bridge clubs can play in the promotion of Youth bridge in the light of bridge on the internet. _____

Have you had any problems finding youth games or youth partners

Yes No

If YES please provide details and suggestions how these problems may be solved.

Do you have any suggestions as to how your State Association can increase participation in its youth program? _____

Are you aware of your State Association's method of selecting Youth Teams

Yes No

Do you have any comments on the fairness of the selection methods

Do you have any suggestions as to how the ABF can increase attendance in the Youth Teams, Pairs and Trials in Canberra in January. _____

Do you believe it is in the interest of Youth Bridge in Australia to host a World Youth Championship? Yes No Your reasons

Do you think you will be playing bridge regularly in:

1 year's time Yes No 3 years' time Yes No
 5 year's time Yes No 10 year's time Yes No

SESSIONS

Please tick the sessions which you would consider playing bridge or alternatively number the following sessions in your order of availability:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid Afternoon [1:30 to 4:00pm]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late Afternoon [4:00 to 6:30pm]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SESSION TIMES

Please tick the session times most suitable to you:

	Weekdays	Weekends
Morning		<input type="checkbox"/> 10:00 - 1:00
Afternoon	<input type="checkbox"/> 4:00 - 6:00	<input type="checkbox"/> 1:30 - 4:30
Evening	<input type="checkbox"/> 7:30 - 10:30	<input type="checkbox"/> 7:30 - 10:30

Alternatives regarding times
 or length of sessions _____

David, Peter, David, Andrew and Kylie

Address for completed questionnaire and reference to website for completion