

**IHRSA European Club Leadership Award
2010 Application Form**

Deadline for Submission: 31 August 2010

Return to:	Alison O’Kane	Direct Questions to:	Alison O’Kane
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Purpose of Award: To recognize the European club leader who has done the most to advance his/her company and the industry through strong leadership and performance.

Eligibility: Owners (part or full) and Managers of IHRSA member clubs/club companies

Nominee:	_____	Title:	_____
Club Name:	_____	Email:	_____
Address:	_____	Phone:	_____
City/Town:	_____	Fax:	_____
Country:	_____		

Please answer each question below in 100 words or less.

1. Please give up to three examples of innovations the nominee has been responsible for and how it has impacted the overall success of the club’s operation (for example, new programs, new services, unique pricing scheme): _____

2. Describe the nominee’s overall impact on the development of the fitness industry in his or her country: _____

3. Please give up to three examples of how the nominee has contributed to his or her community and the effect it has made in the community: _____

4. Describe the positive impact the nominee has had on the European Industry (for example, opening of clubs, introduction of new business models, first to capitalize on new trends): _____

5. Please give up to three examples of the nominee's commitment to excellence – describe in exact details (for example, customer service, professionalism): _____

6. Describe any leadership roles the nominee has taken in terms of public policy or participation in IHRSA: _____

7. Describe any extraordinary accomplishments (for example, leading a business turnaround) achieved by the nominee: _____

8. Additional comments or considerations: _____



**International
Health, Racquet &
Sportsclub Association**

Year nominee's company founded: _____

Number of clubs in year founded: _____

Year nominee began working at club: _____

Number of clubs as of 31 December in:

2009: _____

2008: _____

2007: _____

Number of members as of 31 December in:

2009: _____

2008: _____

2007: _____

Annual revenues for fiscal year:

2009: _____

2008: _____

2007: _____

Retention rate for:

2009: _____%

2008: _____%

2007: _____%



**International
Health, Racquet &
Sportsclub Association**

Please complete the following if the person providing the above information is not the nominee.

Submitted By: _____
Club Name: _____
Address: _____
City/Town: _____
Country: _____

Title: _____
Email: _____
Phone: _____
Fax: _____

Note: Further contact will be made with the nominators to seek additional information as necessary.