

FIVE ALIVE PRODUCTION CLASS QUESTIONNAIRE

Date: _____ Invited By: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Phone: _____

Cell Telephone: _____ Email: _____

Best time to call: _____ a.m. /p.m. Occupation: _____

Emergency contact name: _____ Number: _____

How many times do you go out during the month?: 1-5 _____ 6-10 _____ 11-15 _____ 16-20 _____ 20 or more _____

Male _____ Female _____ Single _____ Married _____

What type of dancing do you like? Party line dancing _____ Social line dancing _____ Stepping _____
R&B/Hip Hop _____ House _____

What type of music do you like to listen to most? R&B _____ Rap/Hip Hop _____ House _____
Stepping _____ Line Dancing _____

Would you like to attend line dancing/stepping classes on Wednesday of the month? Yes _____ No _____

Purpose of line dancing? Have fun _____ Learn how to dance _____ Lose weight _____ other _____

Would you like to travel monthly on trips to dance? Yes _____ No _____

Are you in good physical health? Yes _____ No _____

Which line dances do you already know?

Which line dances would you like to learn?

Shirt size s _____ m _____ l _____ xl _____ 2xl or larger _____

Which plan are you interested in most?
\$40 for 6 sessions paid in advance _____ \$10 per session paid at the door _____

How did you hear about classes?

Word of mouth _____ radio _____ tv _____ flier _____ referral from class _____
Walk in _____ email _____ text _____ facebook _____ website _____ other _____