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| --- | --- |
| First Name:      | Last Name:      |
| Street Address:       |
| City:      | State:      |
| Zip Code:      | Phone:       |
| Email:       | Date of birth:       |
| SSN:      |  |
| School Schedule: 1.     2.     3.     4.     5.     6.      |
| Gender:[ ] male [ ]  female |
| Race:      |
| Favorite type of music:      |
| Reason to be a fan:      |
| How many of their concerts have you attended?      |
| Do you work?       If so, where?      |
| Marital Status: Do you have any children: [ ] yes[ ] no How many:      |