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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: yesno  How many: | | |