

Free T-Shirt Questionnaire

Name:		Email:		Phone #:	
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How did you hear about Thrive Boot Camp?

What are your specific goals for Thrive Boot Camp?

How can the instructors help you individually? (What specific questions do you have?)

Where do you get your haircut?

What is your hair stylist's first and last name?
What is your hair stylist's phone number?

Where do you get massages?

What is your massage therapist's first and last name?
What is your massage therapist's phone number?

Where do you get chiropractic treatments?

What is your Chiropractor's first and last name?
What is your Chiropractor's phone number?

Where do you work (company name)?

What does your company do?
If it's in an office, how many employees work there?
If I wanted to do a health, nutrition and exercise talk, with whom would I speak to?

Please list any (local) clubs, organizations, teams or groups that you belong to?

Please list as many friends, co-workers, and family members who would most likely enjoy this fitness program

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Please list any businesses or business owners that you know who would be a good "fit" for me to network with