

Household Questionnaire

First Name: Last Name:

Address:

City: State: Zip Code:

Phone: Email Address:

Children in the Household? Yes No
If so, please provide ages of Children: ____/____/____/____/____

I would like to receive information on the following events:

- ___ Family oriented (Mailing of Semi-Annual Calendars)
- ___ Youth Programs
- ___ Adult Only Events
- ___ Cultural Events
- ___ Concerts
- ___ Arts
- ___ Theatre
- ___ Senior Events
- ___ Opt-Out

New Activities & Events you would like to see:

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