



SOY CANDLE CLASS ~ QUESTIONNAIRE

- 1. Are you interested in hosting a Candle Making Class? YES MAYBE NO
- 2. Do you know of an organization that could benefit from a Fundraiser? YES MAYBE NO
- 3. Do you or someone you know struggle with Joint Pain?..... YES MAYBE NO
- 4. Do you or someone you know struggle with High Cholesterol, Diabetes, or Allergies ? . YES MAYBE NO
- 5. Is Weight Loss or Weight Management important to you? YES MAYBE NO
- 6. Are you interested in making extra income? YES MAYBE NO
- 7. Are you interested in joining our business team? YES MAYBE NO
- 8. Have you ever had a home based business before? _____

9. Who do you know that may enjoy learning to make candles themselves?

10. Who do you know that may be looking to work from home, with a FUN group of people?

11. Who invited you to this Candle Class? _____

Are there any comments you would like to make to help us with future classes?



Name _____ Date _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Are you interested in our Health & Wellness Products?
YES MAYBE NO

Are you interested in a Candle Making Starter Kit?
YES MAYBE NO

Are you interested in our Business Training?
YES MAYBE NO