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?

_____

_____

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Name _____ Date _____

Address _____ City_____ Zip _____

Phone _____ Email _____

Facebook _____ Twitter _____ LinkedIn _____

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