

CUSTOMER SURVEY



Name: _____

E-mail: _____

Are there any martial arts programs in your neighborhood?

Yes No

If yes, are you satisfied with them? Why or why not?

What is your ideal location? How far would you be willing to travel?

4. What are you looking for that is not being offered right now?

5. Other comments/suggestions?

· THANK YOU FOR YOUR TIME AND FEEDBACK ·