



Name: _____

Best phone number: _____ Email: _____

Age and year of birth: _____ Gender: Female Male Prefer not to respond

In case of emergency, please call:

Name: _____ Relation: _____ Phone number: _____

OR

Name: _____ Relation: _____ Phone number: _____

Follow-up survey:

Are you willing to participate in a three-month follow-up survey? Yes or No

If yes, may we send the survey via e-mail? Yes or No, please send via mail

Street Address: _____

City: _____ State: _____ Zip: _____

Kansas State Research and Extension wants to make sure that we are presenting our programs to a wide range of participants. This information is voluntary and confidential and will be used to identify our audiences in general.

Race

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or more races/Other
- Unknown
- Prefer not to respond

Hispanic

- Yes No
- Prefer not to respond

Veteran status

- Non veteran
- Veteran
 - Vietnam Veteran
 - Other

Disabled

- Yes No

I need to tell you...

Here's where you can put any pertinent comments that you think I need to know.

----- **Below is for instructor use only** -----

Program site: _____

County: _____

Start date: _____