

TELL US A BIT ABOUT YOURSELF:



CLIENT NAME: _____

SPOUSE/SIGNIFICANT OTHER: _____

ADDRESS: _____

PHONE NUMBER(S): _____

BIRTHDAY(S): _____

GENERAL/HOBBIES:

CHILDREN: _____

PETS: _____

HOBBIES/INTERESTS: _____

FAVORITE RESTAURANT: _____

CHARITY/CIVIC INVOLVEMENT: _____

HOMETOWN: _____

FAVORITE PLACE TO TRAVEL: _____

FAVORITE ADULT BEVERAGE: _____

OTHER: _____

FAVORITE TEAMS:

FOOTBALL: _____

BASEBALL: _____

BASKETBALL: _____

OTHER: _____

COLLEGE: _____

HOW DO YOU LIKE US TO COMMUNICATE WITH YOU? PHONE CALL? ___ TEXT? ___ EMAIL? ___

OTHER? _____

HOW OFTEN DO YOU LIKE TO BE COMMUNICATED WITH? WEEKLY? ___ DAILY? ___ ONLY WHEN NECESSARY ___

OTHER? _____

DO YOU KNOW ANYONE ELSE THAT WOULD LOVE OUR LEVEL OF SERVICE? (PLEASE PROVIDE THEIR NAME AND CONTACT PHONE NUMBER) _____

DO YOU FOLLOW US ON FACEBOOK? FB.COM/LIZKEEPSITREAL ___ FB.COM/LIVINGTEHALEH ___

HAVE YOU HEARD ABOUT OUR MVP PROGRAM? YES? ___ NO? ___