

APPLICATION FORM

Please take a few minutes to fill in the form for the 7 Day Challenge.

1. Full name

.....

Email address

.....

Phone number

.....

2. Gender

- Female Male

3. Age

- Younger than 15 years
 15–24 years
 25–34 years
 35–44 years
 Older than 45 years

4. Where do you live?

.....

5. For how many years have you lived in this city?

.....

6. What kind of housing do you live in?

- House
 Flat/Apartment
 Other:

7. How many people do you live with in the household?

- None (live alone)
 1–3
 4–6
 More than 6

8. Do you buy or grow your own food? (more than one answer is possible)

- Buy fruits and vegetables
 Buy meat
 Grow fruits and vegetables
 Raise animals for meat

9. What means of transport do you use most often?

- Private car
 Public transport
 Bicycle
 Motorcycle
 On foot
 None

10. Do you eat meat?

- Yes Sometimes Never

11. How would you communicate the experience of your 7 Day Challenge? (more than one answer is possible)

- Twitter
 Facebook
 Instagram
 Blog
 Vlog
 WhatsApp
 Other:

12. What challenge do you want to take? (more than one answer is possible)

- EAT MOVE LIVE

13. Why do you want to participate in the 7 Day Challenge?

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Thank you! (Please return to sender)