

A Surfer's Survey

ALL ABOUT YOU

Name _____

Address _____

City, State, ZIP _____

Phone _____

Email _____

Gender: (Circle One) Female or Male

Age: _____

Occupation: (If Student, where?) _____

Place of Employment: _____

IN THE BEGINNING

Your first wave (where and when)? _____

Who turned you onto surfing? _____

My first board was: _____

Why do you surf? _____

SURF LIFE

I prefer: (Circle all that apply.)

Short Long Fun

Do you surf year round? _____

Home Break? _____

Who is your favorite local surfer? _____

Nickname: _____

_____ is/are always at the beach.

Best local hangout: _____

If I owned a surf shop I would: _____

My mom makes the best _____.
Favorite Surf Video: _____

The worst thing to lose is: _____

Biggest Spill/Wipeout: _____

If I were an animal I would be: _____

Thickest lineup: _____

Favorite Ice Cream Flavor: _____

The best day of my life: _____

Favorite Band: _____

Crew: _____

My most embarrassing moment was: _____

Favorite Holiday: _____

Where would you like to be in 3 years? _____

Pet peeve: _____

Favorite Teacher: _____

Best Restaurant: _____

LS stands for: _____

I took my first date to: _____

What Charity do you support? _____

Best B-Day ever: _____

Do you recycle? (Circle One) YES or NO
Sponsors: _____

Hobbies other than surf: _____

Where is Heaven? _____

Where do you get Local-Sessions Surf Magazine? _____

Thanks for your time!

Send this to
Local-Sessions
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