



APPLICATION
Shadow Lake Towne Center Consumer Advisory Group
April 2012 - January 2013

First & Last Name _____

Gender _____ Year born _____ City of residence _____

Children & ages _____

Current position/employer _____

On average, how many times do you shop, dine or attend events at Shadow Lake Towne Center each month?

(Choose one) *At least once/ week* *One-three times/ month* *Infrequently*

Have you ever purchased a Shadow Lake Towne Center gift card? *Yes* *No*

If given a \$50 Shadow Lake Towne Center gift card, which three stores or restaurants would you visit first?

1. 2. 3.

Do you have a Facebook or Twitter account? *Yes* *No*

If so, do you “like” or “follow” Shadow Lake Towne Center? *Yes* *No*

What types of community events do you attend?

How do you enjoy spending your spare time?

Tell us why you’d like to be a part of our Advisory Group:

Can you commit to four meetings per year, on the second Thursday of the month from 4:30-6:30p?

Yes *No*

Phone number: _____ E-mail address: _____