

# Information Form

**First Name**

**Last Name**

**Gender**

Male       Female

**Country**

**What part of Calgary do you live in?**

NE     SE     NW     SW

**Favorite Sports**

- |  |  |
|--|--|
| <input type="checkbox"/> Soccer          | <input type="checkbox"/> Golf          |
| <input type="checkbox"/> US/Cdn Football | <input type="checkbox"/> Badminton     |
| <input type="checkbox"/> Swimming        | <input type="checkbox"/> Volley Ball   |
| <input type="checkbox"/> Running         | <input type="checkbox"/> Basketball    |
| <input type="checkbox"/> Tennis          | <input type="checkbox"/> Track & Field |

**Other Activities You Enjoy**

### Colours You Like

Blue    Green    Orange    Purple    Red    Pink    Yellow

### Cultural Foods You Like

<input type="checkbox"/> Indian	<input type="checkbox"/> Italian
<input type="checkbox"/> African	<input type="checkbox"/> French
<input type="checkbox"/> Filipino	<input type="checkbox"/> English
<input type="checkbox"/> Canadian	<input type="checkbox"/> Spanish
<input type="checkbox"/> American	<input type="checkbox"/> Russian

What is your favourite kind of exercise? (build this as a dropdown selection list)

- Walking
- Jogging
- Yoga
- Swimming
- Dancing
- Cycling
- Lifting weights

### Comments