

**CONSUMER TESTING SIGN-UP FORM**

**TO QUALIFY:**

- YOU MUST NOT HAVE ANY FOOD ALLERGIES
- YOU MUST BE BETWEEN THE AGES OF 19-65
- NO ONE IN YOUR HOUSEHOLD CAN WORK FOR A FOOD MANUFACTURER OR A MARKETING RESEARCH FIRM

PHONE NUMBER AT WHICH YOU PREFER

TO RECEIVE RECRUITING CALLS: (\_\_\_\_\_)\_\_\_\_\_

NAME: \_\_\_\_\_  
(first name) (last name)

ADDRESS: \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city, state, zip code)

BIRTH DATE: \_\_\_\_\_ GENDER M F (please circle)  
(REQUIRED - Month, day, year)

EMAIL: \_\_\_\_\_

CHILDREN AT HOME WILLING TO TEST? Y N

ORGANIZATION: NORTH VIEW JUNIOR HIGH SCHOOL

**Please return this form to: Food Perspectives, Inc. at 2880 Vicksburg Lane N.,  
Plymouth, MN 55447 Phone: 763-553-7787**