



Newcomer Survey

Enter to win a FREE Trip for Two!

(one award per calendar quarter)
3 Days/2 Nights at one of 19 Great Destinations
 Taxes, transportation, and meals not included. Offer subject to change.

Zip Code - New Residence _____ Purchase Rental?
 Zip Code - Old Residence _____ Purchase Rental?

Number of weeks lived here _____
 Number of years/months lived there _____

Reason for moving (check all that apply?)

- Needed larger house
- Needed smaller house
- Wanted newer or upgraded house
- Job related
- Closer to relatives
- Change school district
- Retiring
- Other _____

Major shortcoming of old city of residence:

Major advantage of new city of residence:

Would you use the same realtor again? Yes No
 Number of years you expect to live here (best guess) _____
 Two things you would handle differently in your next move?

AGE DEMOGRAPHICS:

Age of youngest resident _____
 Age of oldest resident _____
 Number of people living in household _____
 Number of children attending public school _____
 Number of children attending private school _____
 Number of household members over age 55 _____

WELCOME PACKAGES:

Did you receive a welcome package from us? Yes No
 What did you like best about it? _____
 Was there anything you disliked? _____
 Which gift certificates did you use or do you intend to use?

 Suggestions for future packages? _____

 Local businesses you would like to see in the welcome package:

Most important purchases you will make in the next 12 months. Check off any that apply:

- | | | | | |
|---|--|-------------------------------------|---|--|
| <input type="checkbox"/> Appliances | <input type="checkbox"/> BBQ/Fireplace | <input type="checkbox"/> Car | <input type="checkbox"/> Closet Organizer | <input type="checkbox"/> Cosmetic Surgery |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Doors/Windows | <input type="checkbox"/> Flooring | <input type="checkbox"/> Indoor Furniture | <input type="checkbox"/> Outdoor Furniture |
| <input type="checkbox"/> Hardscape | <input type="checkbox"/> Outdoor Kitchen | <input type="checkbox"/> Landscape | <input type="checkbox"/> Optical Services | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Patio Cover | <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Remodeling | <input type="checkbox"/> Vacation | <input type="checkbox"/> Window Coverings |
| <input type="checkbox"/> Start a business | <input type="checkbox"/> Other | | | |

What services are you most concerned with replacing since your move?

- | | |
|---|--|
| Child-Related | Household |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Auto Mechanic |
| <input type="checkbox"/> Children's Lessons
(clubs/music/sports/etc) | <input type="checkbox"/> Bank/Credit Union |
| <input type="checkbox"/> Private School | <input type="checkbox"/> Clothing Store |
| | <input type="checkbox"/> Dry Cleaner |
| | <input type="checkbox"/> Florist |
| Medical | <input type="checkbox"/> Financial Planner |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Home Decorating |
| <input type="checkbox"/> Orthodontist | <input type="checkbox"/> Housekeeping Services |
| <input type="checkbox"/> Family Doctor | <input type="checkbox"/> Insurance Agent |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Mail Store |
| | <input type="checkbox"/> Meat Store |
| Personal | <input type="checkbox"/> Pet Sitter |
| <input type="checkbox"/> Gym/Sports facilities | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Trainer | <input type="checkbox"/> Stockbroker |
| <input type="checkbox"/> Hair Salon/Barber | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Nail Salon | _____ |
| <input type="checkbox"/> Personal Growth Study | _____ |
| <input type="checkbox"/> Church & Worship | _____ |

LIFESTYLE:

Do you get a daily newspaper? ___ Yes ___ No
 ___ Times per month you use the Internet to search for LOCAL goods and services
 ___ Times per month you use (NON-Grocery) coupons you receive in the mail

How often do you use Yellow Pages?

___ 2-5 times per month ___ Once per month ___ Rarely ___ Never
 Number of times you visit a local Day Spa annually _____
 Weekend getaways — how many do you take in a year? _____

FAMILY VACATIONS:

Frequency _____ times per year Average length _____ days

COMPLETE & SEND FORM TO:
Welcome Express, Inc.
647 Camino de los Mares
Unit 108-100
San Clemente, CA 92673

Please complete ALL info below
to to qualify and ensure that we can
contact you right away!

Name _____

Address _____

City _____ St _____ Zip _____

Phone () _____

Email _____

ONLINE ENTRY LOCATED AT WWW.WELCOMEEXPRESS.COM OR FAX FORM TO: (949) 496-1095