



Health Class Application

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Age: _____ Race/Ethnicity: _____

1. How did you hear about MOCHA? Circle one

Internet Radio Flyers Friend Community Organization MOCHA Presentation

Other (please describe): _____

2. How would you describe your current health status? Circle one

excellent good poor

3. What is your current level of awareness about health issues? Circle one

beginner intermediate expert

4. What aspect of MOCHA interests you most? Circle all that apply

Personal fitness Educating myself Being a role model Joining a movement

5. Please explain how MOCHA will help you achieve your goals of becoming a healthier man. Use the back of this page, if needed.

6. If you were referred to the MOCHA Health Class by a person, please provide their name:

Referred By: _____