



EXPERIENCE QUESTIONNAIRE

Name: _____

Phone #: _____

Email: _____

Is this your first time at Spice Isle Frozen Yogurt? Y N

What is your favorite flavor? _____

What new flavor would you recommend? _____

How did you hear about us? TV Radio Friend Net

How would you rate our products? 1 2 3 4 5

Comments

We encourage customers to fill out a ballot at the store and tell us about their experience and what flavor you like best. Each week one lucky customer will WIN a FREE two ounce (2oz) yogurt flavor of their choice.