Testimonial Submission Form

Crivitz Youth Inc. Community Center

* Ind	licates required question	
Al	pout you	
1.	Name (first and last) *	
2.	E-mail *	
3.	Membership type (monthly, annually, SilverSneakers, etc.) *	
4.	Length of membership * Mark only one oval.	
	Less than 6 months	
	6-12 months	
	1-4 years	
	5+ years	

Please choose as many of the question prompts below as you'd like:

What i	is your favorite part (program, service, facility, etc.) of the Co	mmunity Center?
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	ou share any specific achievements or positive changes you'v	e experienced since
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joining How h	as being a member of the Community Center impacted your	
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	Share a story or an experience that highlights your journey at the Community Center.
	Upload a photo or video of yourself at the Community Center or a "before and after" transformation (optional).
	Files submitted:
	Is there anything else you would like to share about your experience at the Community Center?

13.	I give permission for Crivitz Youth, Inc. to use my testimonial, photos, or videos for promotional purposes on their website, social media, and other marketing materials.
	Mark only one oval.
	Yes
14.	I agree that my testimonial may be shared publicly. *
	Mark only one oval.
	Yes
15.	May we contact you for further details or to feature you in our member spotlight? *
	Mark only one oval.
	Yes
	\bigcap No
	vitz Youth Inc. Privacy Statement
info test	vitz Youth, Inc. Community Center is committed to protecting your privacy. The personal ormation you provide in this form, including your name, email address, phone number, and imonial, will be used solely for the purposes of this campaign to collect member imonials.

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