Event Name/Date:	Event Name/Date:
What is your race?	What is your race?
Are you of Hispanic origin? Yes No	Are you of Hispanic origin? Yes No
What language do you speak at home?	What language do you speak at home?
What is your gender? Female Male Transgender Other	What is your gender? Female Male Transgender Other
How old are you?	How old are you?
Do you: Own Rent Other	Do you: Own Rent Other
What zip code do you live in?	What zip code do you live in?
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