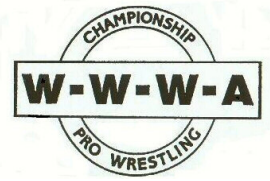


DINO SANNA  
PRESIDENT/OWNER

# WORLD WIDE WRESTLING ALLIANCE



PO BOX 565  
COLMAR, PA 18915  
(215) 362-7184  
FAX (215) 361-6051

Dear Pro Wrestling Fan,

We would like to **THANK YOU** for supporting this local organization and for coming out and supporting the **W.W.W.A.**

In order to continue bringing you, **our fans**, high quality professional wrestling and to improve for **YOUR** enjoyment, could you please take a few minutes to fill out this questionnaire and hand it to any WWA Official or you may mail it to the above address. Please, write clearly.

**Date and location of event:** \_\_\_\_\_

**Rate this show-** Excellent Very good Good Poor **(circle one)**  
**(If poor, please tell us why)** \_\_\_\_\_

**What Wrestlers did you like most?** \_\_\_\_\_

**What Wrestlers do you dislike and why?** \_\_\_\_\_

**What matches would you like to see in the future?** (keep in mind we are family oriented) \_\_\_\_\_

**What wrestlers would you like to see?** \_\_\_\_\_

**How did you find out about the wrestling card?** \_\_\_\_\_

**Would you attend another WWA wrestling card?** Yes or No  
**(If NO please tell us why)** \_\_\_\_\_

**Is this your first time at and Independent wrestling card?** Yes or No

**Did you bring someone with you (how many):** \_\_\_\_\_

**Do you know any groups, organizations, or schools that could benefit from having a Pro Wrestling Fundraising event?**

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Your name, Address, Phone #**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**THANK YOU, WE HOPE TO SEE YOU AT OUR NEXT WRESTLING EVENT!**

*Dino Sanna and the WWA Staff*