

THE PURE FAT LOSS CHALLENGE

PROGRAM QUALIFICATION SURVEY

Thank you for your interest in THE PURE FAT LOSS CHALLENGE! To discover if this program would be a good fit for you and if you would be a good fit for the program, it's requested to have you first complete this qualification survey. Doing so will help you decide if you would like to take the next step in learning about the program and allow us to not only better understand what is important to you, but also see if we should save a spot for you on the "potential roster" with the next group.

After reading the Program Description and completing this Program Qualification Survey, please return it attached in a private message on Facebook to Justin Savich, by email to Justin@lifesuccessgroup.com or by fax to 888-520-9587.

After you send it back completed, you can request a time to connect in a private phone appointment of approximately 15 minutes for me to clarify any other details. It's encouraged though, to first review the website and watch the videos or listen to a podcast to help explain the program to then be ready to discuss other details of the program, for example, which registration option may be best for you.

We are looking only for people who are serious about using the guidance and resources included in this program to help them excel in this area of their life. Congratulations on taking the first steps! We hope that you DO agree that THIS IS YOUR YEAR! Make sure to also be sharing with family & friends to see who will join you in this experience!

Please continue completing the survey on the following pages...

Best Regards,

Justin Savich

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General Information

1. Name _____ 2. Spouse's name _____

3. (if applicable) Name of potential or confirmed accountability partner, relationship & their contact information:

_____/_____/_____

4. Your mailing address (**complete with City/State/Zip**)

5. Cell Phone # _____ - _____ - _____ (text capable?) Yes or No (circle)

6. Email _____ 7. Who introduced you to The PFLC? _____

8. Exact/complete Facebook name _____

9. Date of Birth ____/____/____ 10. Age ____ 11. Male or Female (circle)

12. What is most important to you / top goals? _____

13. Any dietary, medical or physical limitations/challenges? _____

14. Any questions not answered in the Program Description or comments?

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Please list what “pain” or negative things that would potentially prevent you from participating in the program under the PAIN category. When done with the pain category, please list numbers 1, 2, or 3 to the left of each meaning...
1.) “It’s just an excuse” 2.) “It IS possible” 3.) “I can at least focus on what’s positive about it.”

Once complete, please do a rush writing list of all the positive things that might come from you deciding now to participate in the program under the PLEASURE category. Then, fill in the blank next to each with a word that would describe how it would feel to **NOT** have that pleasure in your life.

PAIN –

(Examples)

- 2_ Time involved
- 3_ Have “failed” in the past
- 1_ Money for registration fee
- Embarrassed to admit I need help
- _____
- _____
- _____

PLEASURE +

(Examples)

- Look better _____ EMBARRASSING _____
- Feel better _____ FRUSTRATING _____
- Back in favorite clothes _____ ANNOYING _____
- Have more energy _____
- Have family proud of me _____
- Improve overall health _____
- Impress my doctor _____
- Get off medications _____
- Prove somebody wrong _____
- _____ / _____
- _____ / _____
- _____ / _____
- _____ / _____
- _____ / _____
- _____ / _____