

## Consumer Reply Card

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Male/Female  
Name of game? \_\_\_\_\_  
Was this game a gift? \_\_\_\_ Yes \_\_\_\_ No  
Where was the game purchased? \_\_\_\_\_  
How did you learn about this game ? \_\_\_\_\_  
What did you like/dislike about the game? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What other kinds of games do you like to play? \_\_\_\_\_  
\_\_\_\_\_  
What kinds of game machines are in the household? \_\_\_\_\_  
\_\_\_\_\_

Please Fill out and send to:

***Star Graphics Corp***  
1630-D Beavercreek Rd  
Oregon City OR 97045

For technical problems please call (503) 557-1428