APPLICATION FOR DATING

Affix staple and panties here

SEC. I — APPLICANT INFORMATION (PRINT)

FIRST NAME:

LAST NAME:

STAGE NAME:

ADDRESS: STREET / APT.

CITY / STATE / ZIP CODE

SEC. Ia — NAMES AND ADDRESS OF FORMER BOYFRIENDS

(EXTRA SPACE ON REVERSE)

SEC. II — APPEARANCE

HAIR:
- ☐ blonde
- ☐ dirty blonde
- ☐ light blonde
- ☐ dark blonde

HEIGHT:
- ☐ 5'7"
- ☐ 5'8"
- ☐ 5'9"
- ☐ 5'10"

WEIGHT:
- ☐ 95-100
- ☐ 100-105
- ☐ 105-110

BODY TYPE:
☐ ☐ ☐ ☐
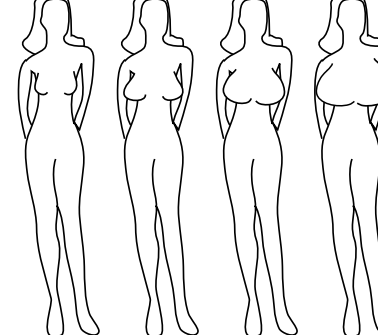
SEC. III — COMPLETE THE FOLLOWING SENTENCES

1) **My favorite movies are**
- ☐ comedies
- ☐ dramas
- ☐ romances
- ☐ in my bedroom camcorder

2) **On our first date, you can take me**
- ☐ to a bar
- ☐ to a movie
- ☐ out to dinner
- ☐ from behind

3) **My breast implants are**
- ☐ silicon
- ☐ saline
- ☐ lexxon plastics
- ☐ a gift from my previous boyfriend

4) **I am easily manipulated because of my**
- ☐ low self esteem
- ☐ shaky past relationships
- ☐ diminished mental capacities
- ☐ all of the above

5) **My father will not hassle you because**
- ☐ he is incarcerated
- ☐ he is dead
- ☐ he is estranged
- ☐ he is incarcerated and estranged

6) **My undergarments are usually**
- ☐ thongs
- ☐ cotton panties
- ☐ silk bikini bottoms
- ☐ absent

7) **I perform oral sex on a first date**
- ☐ usually
- ☐ often
- ☐ always
- ☐ eagerly

8) **If I were an animal, I'd be**
- ☐ a cat
- ☐ a fox
- ☐ a mink
- ☐ a fox having sex with a mink

SEC. IV — HYGIENE

SHOWER SCHEDULE (INCLUDE TIMES)

S	M	T	W	T	F	S

Does your bathroom have a window?
☐ yes   ☐ no

If yes, do you shower with the window shades open?
☐ yes   ☐ no

If yes, please provide a diagram of your shower in relation to your bathroom window:

SEC. V — UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

X _____

I agree that all the above information is correct, and that I am not or have never been employed by any women's rights organizations and/or any facet of the news or investigative reporting media

WITNESSED BY

X _____

I hereby waive all my rights as a human being in future interactions with the recipient of this application

DATE