



APPLICATION

PLEASE TYPE OR PRINT. Complete the entire application.

Name (Last, First):		Gender (M/F):
Street Address:		City, State & Zip:
Home Phone:	Cell/Other Phone:	DOB:
Previously married?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long and when was your divorce final: If no, what was the duration of your longest relationship:	
Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many and what are their ages: If no, do you want children:	
Describe your living situation:	Ex: Do you own, rent, have roommates, etc.:	
Explain your educational background:	<input type="checkbox"/>	
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and describe your position: If no, explain:	
Have you ever been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the date(s) and charges:	
Do you use tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much:	
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much and is it important to you:	
Are you religious/spiritual:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:	
Describe your sense of humor:	Ex: witty, sarcastic, dry, none:	
Any regrets:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:	
Three of your favorite hobbies:		
Your proudest moment:		
Describe your ideal partner:		
Do you have any deal breakers:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:	
Explain what you have to offer:		

Why do you want to be on Match Know Match:	
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Anything else you want us to know: ;

Your email address:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

After submitting your application, you will be contacted by a member of our team. If all criteria are met, we will match you with a potential partner and schedule your appearance on the show. By signing below you are agreeing to be a guest on Match Know Match and that the information you provided is true. In addition, by signing below, you have read and agree to the attached DISCLAIMER OF LIABILITY.

Applicant Signature: _____

Date: