



CASTING QUESTIONNAIRE

Name: _____

Phone #: _____

Age & Birth date*: _____

**For compliance with State Child Labor Laws only.*

School, Grade & Major: _____

Address: _____

Email: _____

Facebook page: _____

You must appear to be between the ages of 17-25. Please share your story with us by answering the following questions the best you can. Remember, we are looking for something that you are passionate about... so please take a moment to really think about your responses.

1) What are you hoping to do? How can MTV help?

2) How long have you wanted to do this? How did this become important to you?

3) What's holding you back from doing this on your own?

4) What are your parents' expectations for you? Would they support this?

5) Who do you live with? Tell us about the important people in your life.

6) What are your other interests, extra-curricular activities, and hobbies?

**7) If you are hoping to lose weight, what is your current height and weight?
What is your goal weight?**