

AMERICA'S PSYCHIC CHALLENGE

LONG APPLICATION

Read all of the below instructions *thoroughly* before completing this packet.

1. Fill out the long application. Please be as open, honest and thorough as possible. We want to learn all about you!
2. Please fill out the application legibly, with dark colored ink.
3. Answer all questions honestly and to the best of your ability.
4. Please write only on the printed side of the paper. Feel free to attach additional sheets as necessary. Please do not turn the page over and write on the back.
5. If you have one, you should staple a copy of your driver's license (or other photo ID) to the back of the packet.

IF YOU ARE NOT CALLED BACK IMMEDIATELY AND HAVE NOT YET TURNED IN THIS APPLICATION, FOLLOW THESE INSTRUCTIONS:

FIRST: Please fax a copy to:

(818) 989-8969

Attn: TONY

THEN: Mail the original copy to:

ATTN: TONY

M CABLE TELEVISION

AMERICA'S PSYCHIC CHALLENGE CASTING

6007 SEPULVEDA BLVD.

VAN NUYS, CA 91411

Write "TONY" in big letters on the outside of the package, so we can spot it easily.
Please make sure to include enough postage when you return this packet.

THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS PACKET.

M Cable Television, Inc.
6007 Sepulveda Blvd.
Van Nuys, CA 91411
Casting info: <http://www.bunim-murray.com>

**AMERICA'S PSYCHIC CHALLENGE
LONG APPLICATION FORM**

NAME: _____

PRESENT ADDRESS: _____

PHONE NUMBER: _____

CELL/PGR/OTHER
NUMBER: _____

EMAIL: _____
I check my email a lot: Yes No

BIRTHDATE: _____

2nd EMAIL: _____

AGE: _____

1. IF I AM A MEMBER OF A PERFORMING ARTS UNION OR GUILD, THE NAME(S) OF MY GUILD(S) ARE:

2. HAVE YOU EVER AUDITIONED FOR A REALITY TV SHOW BEFORE? _____ IF YES, PLEASE DESCRIBE: _____

3. WHAT IS YOUR MARITAL STATUS? Single ____ Married ____ Divorced ____ Widowed ____ .
IF UNMARRIED, ARE YOU CURRENTLY LIVING WITH SOMEONE? _____

4. IF YOU HAVE A SPOUSE OR ARE LIVING WITH SOMEONE, WHAT IS HIS / HER NAME?

5. DO YOU HAVE ANY CHILDREN? IF YES, PLEASE INCLUDE THE FOLLOWING INFORMATION ABOUT EACH: Name, Age, and whether he/she lives with you: _____

6. PLEASE LIST ALL EDUCATION: _____

7. WHAT DO YOU DO FOR A LIVING? DESCRIBE YOUR JOB HISTORY: _____

8. DESCRIBE YOUR GREATEST, OR PROUDEST, MOMENT IN YOUR LIFE: _____

9. DESCRIBE YOUR WORST, OR LOWEST, MOMENT IN YOUR LIFE: _____

10. HOW WOULD SOMEONE WHO REALLY KNOWS YOU DESCRIBE YOUR THREE BEST TRAITS? _____

11. HOW WOULD SOMEONE WHO REALLY KNOWS YOU DESCRIBE YOUR THREE WORST TRAITS? _____

12. WHAT BOTHERS YOU MOST ABOUT OTHER PEOPLE? WHAT TYPES OF PEOPLE REALLY IRRITATE YOU? _____

13. DESCRIBE YOURSELF AS A COMPETITOR. _____

14. AT WHAT AGE WERE YOU FIRST AWARE OF YOUR PSYCHIC ABILITY? DESCRIBE YOUR FIRST PSYCHIC EXPERIENCE: _____

15. DESCRIBE YOUR MOST MEMORABLE PSYCHIC EXPERIENCE: _____

16. WHAT PSYCHIC ABILITIES DO YOU HAVE? _____

17. HAVE YOUR PSYCHIC ABILITIES EVER GOTTEN YOU INTO TROUBLE? _____

18. WHAT IS YOUR EXPLANATION FOR YOUR PSYCHIC ABILITY? _____

19. DOES ANYONE ELSE IN YOUR FAMILY HAVE THE SAME ABILITIES? _____

20. WHAT WOULD YOU SAY IS YOUR STRONGEST PSYCHIC ABILITY? _____

21. HAVE YOU UNDERGONE ANY PSYCHIC TRAINING? _____

22. ARE YOU ON ANY PRESCRIPTION MEDICATION? IF SO, WHAT, AND FOR HOW LONG HAVE YOU BEEN TAKING IT, WHY WAS IT PRESCRIBED? _____

23. ARE YOU NOW, OR HAVE YOU EVER SEEN A THERAPIST OR PSYCHOLOGIST? IF SO, EXPLAIN. _____

24. HAVE YOU EVER BEEN HOSPITALIZED FOR ANY PHYSICAL OR MENTAL CONDITION? IF SO, PLEASE EXPLAIN. _____

25. HAVE YOU EVER BEEN ARRESTED OR BEEN CHARGED WITH A CRIME (IF SO, WHAT WERE THE CIRCUMSTANCES AND WHAT WAS THE OUTCOME INCLUDING THE DISPOSITION OF ANY CHARGES?) _____

26. HAVE YOU EVER HAD A RESTRAINING ORDER ISSUED AGAINST YOU (IF SO WHAT WERE THE CIRCUMSTANCES AND WHAT WAS THE OUTCOME INCLUDING THE DISPOSITION OF ANY CHARGES?) _____

27. HAVE YOU EVER PLACED A RESTRAINING ORDER AGAINST SOMEONE ELSE? (IF SO, WHAT WERE THE CIRCUMSTANCES AND WHAT WAS THE OUTCOME?) _____

37. HAVE YOU EVER HIT ANYONE IN ANGER OR SELF-DEFENSE? IF SO, TELL US ABOUT IT (HOW OLD WERE YOU, WHAT HAPPENED, ETC.)

38. HOW DO YOU HANDLE CONFLICTS? DO YOU FEEL THAT THIS APPROACH IS EFFECTIVE?

39. IF SELECTED, IS THERE ANY PERSON OR PART OF YOUR LIFE YOU WOULD PREFER NOT TO SHARE? IF SO, DESCRIBE, (I.E. FAMILY, FRIENDS, BUSINESS ASSOCIATES, SOCIAL ORGANIZATIONS, OR ACTIVITIES): _____

