



Friday, September 21, 2007

Bachelor Application:

Benefit for United Cerebral Palsy
of Central California

NAME: _____
Last name Middle First

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ CELL _____

EVENING PHONE _____ EMAIL _____

OCCUPATION _____

EMPLOYER _____
(If self employed please indicate name of your business)

HOBBIES / INTERESTS _____

EDUCATION _____

Height _____ Weight _____ City/State of Birth _____

Date of Birth _____ Color of eyes _____ Color of hair _____

Best Physical Feature (s) _____

Favorite Movie / TV Show _____ Favorite Actor/actress _____

Favorite sport (s) _____

What would you be doing on a Friday night at 11:00 p.m _____

Other information you would like us to know about you: _____

SPONSORED BY _____

DATE PLANS _____

Please return this application with one (1) color or B/W head & shoulder photo and one (1) color full length photo.
Photos do not have to be professionally shot. Mail complete package to:
Betty Goertzen
1147 E. Holland, Fresno 93704
Call 222-7366 for more info. Participants must be able & willing to attend an interview/meeting shortly after being selected and sign a talent release form.