

"I'D DO ANYTHING"
DREAMER APPLICATION

DREAMER:	
NAME: _____	AGE: _____
ADDRESS: _____	CITY: _____
STATE: _____	PHONE: _____
E-MAIL: _____	CELL: _____
WEIGHT: _____	HEIGHT: _____
OCCUPATION: _____	BIRTHDATE: _____

CONTESTANT COMPETING FOR YOUR DREAM:	
NAME: _____	
RELATION TO YOU: _____	
AGE: _____	
OCCUPATION: _____	
DREAM YOU ARE APPLYING FOR:	

EMERGENCY CONTACT INFO:	
NAME: _____	PHONE: _____

TO APPLY

- 1) Read eligibility requirements (posted on this website) to make sure you are eligible.
- 2) Download and complete this application and send it via email or mail to us **ASAP** with **2-3 photos:**

EMAIL ADDRESS:

ldacasting@messmediatv.com

MAIL ADDRESS:

SPORTS FANTASY
C/O MESS MEDIA
1831 STANFORD ST.
SANTA MONICA, CA. 90404

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Please fill this out if you are applying for yourself and plan on having someone compete for you.

TELL US ABOUT YOURSELF:

1. What is your ultimate sports fantasy?

2. What is your relationship with the person competing for you?

3. List 3 words that best describes the person competing for you.

4. What are your favorite sport/ athletes/ teams?

5. How do you feel about the opportunity to have your fantasy fulfilled?

6. How would them winning or losing, affect the relationship between you and the person competing for you?

7. Why do you feel you deserve to have this dream come true?

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8. Are you flexible for traveling and taking a week off for the shoot during the specified dates? (March 8 – April 15th) Which dates are you not available?

9. Do you have any illnesses, allergies, or special needs that we should know about?

10. Have you ever been on TV before? If yes, list what shows and when they aired.
