

HAIR LOSS CONFIDENTIAL APPLICATION: SEASON 1

THE PERSON YOU ARE NOMINATING ABSOLUTELY CANNOT BE AWARE OF THEIR PARTICIPATION PRIOR TO THE ACTUAL INTERVENTION!

Is someone you know suffering from hair loss or alopecia and their life or livelihood has been dramatically affected by their hair loss? Does this person fall into one of the following categories or is he/she experiencing a similar hair loss crisis or worse?

- Wears a bad toupee or ugly wig?
- Has an embarrassing comb over?
- Thinks a baseball cap is the proper accessory for a tuxedo?
- Too embarrassed to come out of the house?
- Will not participate in family outings?
- Lacks the confidence to pursue the career of their dreams?

If you would like him or her to be considered as the “Subject” on Hair Loss Confidential, please complete this application and submit at least two photos of the nominee.

Every application is reviewed by our casting department, but please be aware that we receive thousands of applications and, while we understand you may have questions about the process, we cannot follow up with every application.

IF WE ARE INTERESTED OR HAVE FURTHER QUESTIONS ABOUT YOUR SUBJECT OR THEIR SITUATION, WE WILL CALL YOU TO COMPLETE THE SECOND PHASE OF THE NOMINATION PROCESS. IT COULD BE SEVERAL MONTHS BEFORE YOU HEAR FROM US!

Email this application along with your pictures to:
productionssupervisor@hairlossconfidential.tv

OR Mail To:
Hair Loss Confidential
PMB# 179
5555 N. 7th Street #134
Phoenix, AZ 85014

PART 1) – INFORMATION ABOUT THE SUBJECT

Date: _____

SUBJECT'S Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Male: _____ Female: _____ Approximate age: _____

Occupation: _____

If the SUBJECT has a MySpace or Facebook page, blog, website or any videos posted on YouTube please list all of the addresses or URL's:

_____	_____
_____	_____
_____	_____
_____	_____

Due to the large volume of mail we receive, please keep your answers limited to the spaces provided.

Please summarize the SUBJECT'S CURRENT hair loss crisis and how it affects their life and livelihood.

What makes them deserving of a life changing transformation?

What makes their situation unique?

How will the SUBJECT'S life or livelihood be changed by having a full head of hair?

Please describe the "Subjects" involvement in any of the following categories:

Volunteer work or community service: _____

Affiliations or Organizations: _____

Military Service: _____

Hobbies: _____

Major Accomplishments or Achievements: _____

Special Skills or Talents: _____

Aspirations for Acting/Music/Sports/Arts: _____

WITH THIS APPLICATION YOU MUST INCLUDE TWO OR MORE PHOTOS OF THE "SUBJECT" REFLECTING THEIR CURRENT HAIR LOSS CRISIS.

Please know that anything you send to us will not be returned and becomes the property of Hair Loss Confidential, so please do not send originals of sentimental photographs.

PART 2) – THE INTERVENTION TEAM

The INTERVENTION TEAM consists of individuals (Family, Friends, Co-Workers) of the “Subject” who are participating in the actual intervention.

MAIN CONTACT: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Alt Phone: (_____) _____

E-mail: _____

Relationship to the Subject _____

How many people (including you) will be participating as the “Intervention Team”?

Men _____ Woman _____ Children _____

Please summarize how the SUBJECT’S hair loss crisis affects the members of the INTERVENTION TEAM.

Has the SUBJECT or any member of the INTERVENTION TEAM been on television?
Yes _____ No _____

If yes, please describe (*include dates*):

IMPORTANT* Have the SUBJECT or ANY members of the INTERVENTION TEAM ever been charged or convicted of a crime? (It could be as simple as a driving violation or as serious as armed robbery) *Be honest. We will find out through our comprehensive background checks.* Yes _____ No _____

If yes, please describe (include dates):

Has the SUBJECT or ANY members of the INTERVENTION TEAM ever been involved in a lawsuit? Yes _____ No _____

If yes, please describe (include dates):

If selected to participate, the Subject and all members of the Intervention Team may be filmed, videotaped and photographed, and your names, images and likenesses may be used in or to publicize a television show. By signing below, you waive any rights of privacy or publicity in connection with this production and certify that all information stated by you on this Application Form is true.

If your nominee is not chosen as a subject for an episode of Hair Loss Confidential, by signing below, you are granting permission for Hair Loss Confidential to forward your name and contact information to your nearest Transformation Center to provide you with information regarding hair restoration.

MAIN CONTACT SIGNATURE

DATE

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