

LOVE ISLAND

Name: _____ City & State: _____

Age: _____ DOB: ____/____/____ Height: _____ Weight: _____

Occupation: _____ Highest Level of Education: _____

Cell: (____) _____ Email: _____

Instagram: _____ Twitter: _____ Facebook: _____

Do you have a valid passport? _____ When does it expire? _____

Are you currently single? _____ How long have you been single? _____

What would make you a great Islander on the show?

Tell us something surprising about your life that we would never know:

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