



UNIVERSITY OF MARYLAND CUDDLE BUDDY ASSOCIATION

Official Cuddle Buddy Application

NAME

LAST	FIRST	MIDDLE INITIAL

D.O.B.

M	D	Y
/	/	

Male
 Female

HEIGHT

FEET	INCHES
/	

WEIGHT

LB.S

PHONE NUMBER

--

ADDRESS

STREET
CITY
STATE/ZIP

EMAIL ADDRESS

--

ACCEPTED PET-/NICK- NAMES

N/A

RATE THE IMPORTANCE

OF THE FOLLOWING, AS THEY RELATE TO CUDDLING, LISTING THEIR IMPORTANCE IN ORDER OF MOST IMPORTANT (1) TO LEAST IMPORTANT (4) USING THE NUMBERS 1, 2, 3, AND 4. USING EACH NUMBER ONLY ONCE.

- Hand-holding
- Warmth
- Closeness
- Comfort

CUDDLE OUTFIT (preferred)

N/A

RATE YOUR CUDDLING

USING THE SCALE PROVIDED, MARKING ONLY ONE BOX.

1	WORST								BEST	10

CUDDLE POSITION (preferred)

DESCRIBE YOUR FAVORITE CUDDLING POSITION IN A FEW SENTENCES.

I hereby acknowledge that all information provided is accurate to the best of my knowledge and may be used in any official manner regarding this UMD OFFICAL CUDDLE BUDDY APPLICATION (Form AR), herby acknowledging that it will only be used in such a manner and will not be shared or released to a third party. I furthermore agree that i may be contacted through any means using any of the methods I have provided in this application, and will be notified upon Acceptance of Rejection, upon which further communication can and will begin.

SIGNATURE _____

OFFICIAL USE ONLY (leave blank)

DATE SUBMITTED:

/	/	
M	D	Y

ACCEPTED REJECTED