On Line Web Cam Session Application Fill this out to apply for an On Line WebCam Session with the Mistress Chloe



General Information	
Your Name:	
Your Nick Name:	
Your Location (City, State or Province, County):	
Your Age:	
Your Height:	
Your Weight:	
Your Sex:	
Your Sexual Orientation:	Straight Bi Bi-Curious Gay/Lesbian Other:
Your BSDM Designation:	Sub Save Sissy Switch Decition Other:
Your Vanilla Relationship Status:	Single Owned Partnered Other:
Fetish Experience Level:	☐ Totally Novice ☐ Novice ☐ Some Experience ☐ Experienced
How often are you looking to have On Line WebCam Sessions from Mistress Chloe:	
List all Medical Condition/ Allergies/ Current Medications:	18
List all Kinks & Fetishes:	
List all Hard Limits (won't do):	
List all Soft Limits (Hesitant to do):	

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Give your reasons why you should be selected for an On line WebCam Session:	

Note any additional information which is important for Mistress Chloe to know:

"The information submitted in this Documentation is to the best of my knowledge and belief, is true, accurate, and complete." Signed:_ Dated:

> Print out, Sign and Date than return to Mistress Chloe Completed form via email to: Kinky.Chloe.Rose@gmail.com

Subject: "On Line WeCam Session Application"

Love & Pain by.

Mistress Chloe



Approved or Declined