



# Interview Registration

We're **creating** a documentary about Michigan malls. We'd **love** your help.

**EVERY STORY MATTERS.  
TELL US YOURS.**

🔑 Have a **memory** or **photo** to share?

➡ [Fill out our visitor questionnaire!](#)

🔑 Did you **work** at the mall?

➡ [Fill out our business questionnaire!](#)

🔑 Want to do a short on-camera **interview**?

➡ [Schedule a video interview! \(you are here!\)](#)

🔑 Wish to **contact us** or **collaborate**?

➡ [Contact us by our online form.](#)

➡ [Send us an email at \[projectlakesidemall@gmail.com\]\(mailto:projectlakesidemall@gmail.com\).](#)

➡ [Join our Discord.](#)

🔑 **Follow us:**

➡ [Visit our YouTube channel.](#)

➡ [Connect with us on Facebook.](#)

➡ [Check out our Instagram.](#)

🔑 Help us **spread** the word! Please **share** us with your friends and family.

➡ [Please share our Linktree.](#)

➡ [Please share our website.](#)

🔑 Want to **download a fillable PDF** version?

➡ [Download from our archive.](#)

## Section 1: Disclaimer

Please read the *Disclaimer* below.

### Disclaimer

This is a free, non-profit project with no commercial gain. All interviews, whether written or video, are conducted on a voluntary basis. The purpose of this project is educational, historical, and entertainment-focused. The project seeks to preserve stories and insights for archival purposes of a currently closed cultural and commercial icon.

**Have you read, and agree to the "Disclaimer" above? \***

Yes.

## Section 2: Privacy Notice

Please read the *Privacy Notice* below.

### Privacy Notice

Providing personal information is optional.

If you wish to remain anonymous, you are within your right to do so. *You are doing a great favor to this project. You should mind your best interests before helping others.*

The intent of this project is to collect the minimum necessary details for survey use and inclusion in a video documentary. Details may include: answers to interview questions, and limited *Personal Information (Identity)*. *Identity* shall only include: *first name, age, and/or sex.*

This project shall inquire *Contact Information*. *Contact Information* includes: a *telephone number*, or an *email address*, or a *social network user name*. This project shall require at least one (1) form of contact information. *The choice is yours if you wish to provide more.*

You may specify that your *Identity* be kept separate from any responses you provide. Your *Contact Information* shall be private and not shared publicly.

You may specify any responses you provide be kept anonymous from other responses you provide. *Please be explicit.*

**Have you read, and agree to the "Privacy Notice" above? \***

Yes.

## Section 3: Consent Statement

Are you an **adult** (18 years of age or older)? Select yes or no.

If yes, skip to *Section 4: Registration*.

If no, please provide two (2) statements, a *Parental or Guardian Consent Statement*, and a *Child Assent Statement*, in the following upload fields. If neither statement is provided, *this registration will be discarded*.

**Are you an adult? \***

Yes.

No.

## You have specified that you are not an adult...

Please respond to the following statements before continuing to the next section.

If you are **not an adult**, please provide a *Parental or Guardian Consent Statement*.

### Parental or Guardian Consent Statement

I am the parent/legal guardian of the child named below. I understand that my child is being asked to participate in a research survey and/or video documentary. I have read and understand the nature of the project, including what information will be collected: first name, age, sex, and responses to questions.

I understand that:

- Participation is entirely voluntary.
- My child's participation may be included in a public video documentary.
- I may withdraw my consent at any time without penalty.

### Parental or Guardian Full Name

First Name

Last Name

### Parental or Guardian Telephone Number

### Parental or Guardian Email Address

**Note:** if you are viewing this as a paper document or as a PDF file, and do not see the signature box below, please do the following:

1. If possible: **sign** in the freespace below, but above the **Date** box (below).
2. **Scan and reupload** the document and forward as a direct message to any one of our [contacts](#).
  1. Email us at [projectlakesidemall@gmail.com](mailto:projectlakesidemall@gmail.com).

### Parent or Guardian Signature

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### Date

Month   Day   Year

If you are **not an adult**, please provide a *Child Assent Statement*.

### Child Assent Statement

Please **read** the following aloud:

*"I'm being asked to take part in a project where I'll answer questions and maybe appear in a video. I can say yes or no. If I say yes now, I can still stop anytime. No one will be upset if I say no or stop later."*

**Note:** if you are viewing this as a paper document or as a PDF file, and do not see the signature box below, please do the following:

1. If possible: **sign in** the freespace below, but above the **Date** box (below).
2. **Scan and reupload** the document and forward as a direct message to any one of our [contacts](#).
  1. **Email us** at [projectlakesidemall@gmail.com](mailto:projectlakesidemall@gmail.com).

### Child Signature

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### Date

Month   Day   Year

## Section 4: Contact Information

### Part 1: Personal Information

**Your First Name (required) \***

**Your Last Name (optional)**

### Part 2: Required Contact Information

Please provide contact information for at least one (1) of the following fields.

**Your Telephone Number**

**Your Email Address**

**Your Social Network**

**Your User Name**

Please do not specify an obscure platform or a website which requires a time-consuming registration process. Should you do so, there will be a delay in our response to you.

## Section 5: Registration

### Part 1: Additional Attendees

Who will join you for your Interview?

**Will you have any guest(s) with you? (required) \***

Yes.

No.

**If yes, how many guest(s) will attend with you? (required)**

**Primary Guest First Name (required) \***

**Primary Guest Last Name (optional)**

## Part 2: Select a Mall and Place

Please **allow** for **flexibility**, should your preferred location be unavailable.

**For example:** *Lakeside Mall* is scheduled for demolition beginning end-of-year 2025. Only one (1) anchor store remains open and accessible as of writing (August 28, 2025).

### What mall would you like to interview for? (required) \*

Lakeside Mall / Sterling Heights, MI  
Fairlane Mall / Dearborn, MI  
Great Lakes Crossing Outlets / Auburn Hills, MI  
Macomb Mall / Roseville, MI  
Oakland Mall / Madison Heights, MI  
Partridge Creek Mall / Clinton Township, MI  
Somerset Collection / Troy, MI  
Twelve Oaks Mall / Novi, MI  
Other

Public and safe places are **recommended**.

### Where would you prefer to be interviewed? (required) \*

Inside the mall (if applicable)  
Outside the mall on mall property (example: entrances, anchor stores, etc.)  
Other



## Part 3: Select a Time

### Schedule your Interview

#### Things to consider:

- Please allow for **three (3)** days notice.
- Please schedule for up to **twenty-eight (28)** days in the future.
- Please schedule between **morning** and **evening**.
- Interviews may be **fast or slow**, depending on the number of questions asked.
- If you wish to request an **exception** to any above rule, please **don't hesitate to note this below** in the *Notes and/or Special Accommodations* area below.

If you are **viewing** this form as a **PDF file**, please enter your schedule below under *Calendar for PDF version*. Please **honor** the above considerations.

If you are **viewing** this form as a **web page**, please enter your schedule below under *Calendar for Web version*.

#### Calendar for PDF version:

Month   Day   Year   Hour   Minutes

## Section 5: Submit

#### Notes and/or Special Accommodations:

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