

Session Requested:

June _____

July-Aug. _____

**COBALT STUDIOS
SUMMER SCENE PAINTING
APPLICATION FORM**

Rec'd Date : _____

App Fee : _____

Notified: _____

NAME _____ **AGE** _____
CURRENT ADDRESS _____ PERMANENT ADDRESS _____

PHONE _____ PHONE _____
CELL _____ EMAIL _____

EMPLOYER _____

CONTACT PHONE _____
EMAIL _____

EDUCATION School Degree Date

EXPERIENCE & EXPOSURE Include other seminars & painters or designers you have worked with
Please attache resume if available

REFERENCES Please name an academic, a professional and a personal reference (3 total)
Name Position Day Phone Reference Type

What is your particular interest in this seminar? _____

Who will be responsible for payment? _____

Would you like to order a set of seven scenic brushes? (\$175 or market cost)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	
Are you a smoker?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you allergic to cats or dogs?	<input type="checkbox"/>	<input type="checkbox"/>	If so, which? _____
Would you mind sharing a room?	<input type="checkbox"/>	<input type="checkbox"/>	
Will you be bringing a car?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have Food Allergies?	<input type="checkbox"/>	<input type="checkbox"/>	If so, what? _____

Do you want to apply for college credit?

<input type="checkbox"/>	<input type="checkbox"/>
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How did you hear about this program? _____

Please return this application form and your \$150 non refundable application fee to

Cobalt Studios PO Box 79 White Lake NY 12786

845-583-7025 * www.cobaltstudios.net