

# COBALT STUDIOS

TEACHER TRAINING FOR SCENIC PAINTING  
APPLICATION

I WANT TO ATTEND:  
JULY

REC'D DATE \_\_\_\_\_  
FEE: \_\_\_\_\_  
NOTIFIED: \_\_\_\_\_

NAME \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_  
CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

EXPERIENCE & EXPOSURE Include other seminars & painters or designers you have worked with. Please attach resume  
EDUCATION SCHOOL Degree Date

REFERENCES Please name an academic, a professional and a personal reference (3 total)

Name	Position	Day Phone	Type of Reference

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"/>

Would you mind sharing a room?

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

Are you allergic to cats or dogs?

<input type="checkbox"/>	<input type="checkbox"/>
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Will you be bringing a car?

<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  
(PH/Fax) 845-583-7025 \* [www.cobaltstudios.net](http://www.cobaltstudios.net)  
[mail@cobaltstudios.net](mailto:mail@cobaltstudios.net)