BON TEMPS STUDIOS

Magic Behind The Scenes
Candidate Application

APPLICANT INFORMATION							
Last Name:			First Name:			M.I.:	Date:
Age:	M/F:	Siblings Y/N:		How Many:			
Names and Ages:							
Street Address:				Apartment/Unit #:			
City:			State:	ZIP:			
Phone:			E-mail Address:				

PARENT/GUARDIAN CONTACT		
Name:		
Address:		Phone:
City:	State:	ZIP:
Relationship:		
Occupation:		

PARENT/GUARDIAN CONTACT		NOT APPLICABLE
Name:		
Address:		Phone:
City:	State:	ZIP:
Relationship:		
Occupation:		

EMERGENCY CONTACT (NOT IN HOUSEHOLD)		
Name:		
Address:		Phone:
City:	State:	ZIP:
Relationship:		

EDUCATION				
Middle School			Address	
From		To		
High School			Address	
From		To		
Other			Address	
From		To		

PREVIOUS EXPERIENCE	**NOT APPLICABLE**
Organization:	
Location:	
Roles/Responsibilities: (ex: acting/video/sound/backstage/photography)	

CAREER GOALS
Please list/summarize your career goals:

SIGNATURES	
With my signature below, I agree that this form has been completed with accurate information to the best of my knowledge. ****Note: Upon acceptance into the program there will the applicant will be assessed a $50 registration fee**	
Signature of applicant:	Date:
Signature of parent/guardian:	Date:
Signature of parent/guardian:	Date: