

Cobalt Studios, Inc.
Summer Scene Painting
Application Form

Rec'd: _____
 Fee: _____
 Notified: _____

Name _____ Age _____
 Pronoun _____

Current Address _____ Permanent Address _____

Phone 1 _____ Email 1 _____

Phone 2 _____ Email 2 _____

Employer _____

_____ Contact _____

_____ Phone _____

_____ Email _____

Education _____ **School** _____ **Degree** _____ **Date** _____

Experience & Exposure: Include seminars, painters or designers you have worked with. Please attach resume if available

References: Please name an academic, professional and personal reference (3 total)

| | | | |
|------|----------|-------|------|
| Name | Position | Phone | Type |
|------|----------|-------|------|

What is your particular interest in this seminar?

Who will be responsible for payment:

| | | |
|---|------------------------------|-----------------------------|
| Would you like to order a Scenic Brush Kit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|

| | | |
|-------------------|------------------------------|-----------------------------|
| Are you a smoker? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-------------------|------------------------------|-----------------------------|

| | | |
|-----------------------------------|------------------------------|-----------------------------|
| Are you allergic to cats or dogs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------------------------|------------------------------|-----------------------------|

If so, which? _____

| | | |
|-----------------------------|------------------------------|-----------------------------|
| Will you be bringing a car? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------------------|------------------------------|-----------------------------|

| | | |
|-----------------------------|------------------------------|-----------------------------|
| Do you have food allergies? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------------------|------------------------------|-----------------------------|

If so, which? _____

How did you hear about this program? _____

Please send this application & your \$150 non-refundable application fee to
 Cobalt Studios, Inc. PO Box 79, White Lake NY 12786
 845 583 7025 * www.cobaltstudios.net