

**Cobalt Studios, Inc.**  
**Teacher Training**  
**Application Form**

Rec'd: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Notified: \_\_\_\_\_

Name \_\_\_\_\_ 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? 

YES
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NO
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Are you a smoker? 

YES
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NO
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Are you allergic to cats or dogs? 

YES
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NO
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If so, which?

Will you be bringing a car? \_\_\_\_\_ 

YES
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NO
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Do you have food allergies? \_\_\_\_\_ 

YES
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NO
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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](http://www.cobaltstudios.net)