

Counselor-In-Training Application Circus Arts Camp @ Purchase College

On the back of application, please write a brief paragraph on why you would like to participate in circus camp as a CIT and return this form along with a regular camper application.

Name _____ **DOB** _____ **Age** _____

Home Address

City _____ **State** _____ **Zip** _____

School Address

City _____ **State** _____ **Zip** _____

Home Phone _____ **School Phone** _____

Grade in Fall 2007 _____ **SSN** _____

Email _____ **T-Shirt Size** _____

Session/s Interested in Working: _____

WORK EXPERIENCE

Job Title _____

Employer _____ **Location** _____

Dates Worked _____ **Phone** _____

Previous Circus Training and/or Circus Camp Experience (please list dates of attendance and skill performed for final show)

Please list Circus Skills you feel comfortable working with:

REFERENCES

Please list (1) reference that is not related to you, and who has known you for at least one year.

Name _____ **Phone** _____

Home Address

City _____ **State** _____ **Zip** _____

 **Please send form to: Future Stars, 546 Bedford Rd, Armonk, NY 10504
Please attach photograph for our records**