

ARTWORKS COUNSELOR-IN-TRAINING APPLICATION

Name _____ Age _____
School _____ Grade in School for 2011-12 _____
Birthdate ___/___/___ T-Shirt Size S ___ M ___ L ___ XL ___
Parent (Guardian) Name _____
Home Phone _____ Alternate Phone _____
Address _____
City _____ State _____ Zip _____
Email Address _____

What session(s) would you like to attend? (check all that apply)

Session I (June 11 – June 22) _____ Session II (June 25 – July 6) _____ Session III (July 9 – July 20) _____

Please number classes in order of preference. Don't leave any blanks. (Knowing your preferences helps us in scheduling.)

Music _____
Dance _____
Visual Arts _____
Theater _____
LEGO™ Creations _____

Please answer this question as accurately as you can. We need to know in advance if you cannot be there for the whole session. Will you be at Artworks every day (barring illness)? Yes _____ No _____ If the answer is no, please explain on the back of this sheet.

How many summers did you attend Artworks? _____

How old were you when you last attended? _____

If you did not attend Artworks every year, please explain.

In a sentence or two, please tell us why you want to be a CIT at Artworks.

Date _____ Signature _____

Mail this application by **APRIL 30** to: Artworks, P.O. Box 197, Norman, OK 73070

CIT Positions will be filled by the first week in May.