

Teen Arts Ambassador Program Application

(School Year Membership)

Date: ___/___/___

Student Name: _____ Parent Name: _____

Student Phone: _____ Parent Phone: _____

Student Email: _____ Parent Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Student Age: _____ School: _____

Select Payment Option:

Renewing Members: \$90 (September – May)

New Members: \$120 (September – May)

In what areas are you interested in gaining professional experience?

- | | |
|---|---|
| <input type="checkbox"/> Education Programs | <input type="checkbox"/> Marketing Campaign |
| <input type="checkbox"/> Visual Arts Exhibitions | <input type="checkbox"/> Fund-raising |
| <input type="checkbox"/> Performing Arts Programs | <input type="checkbox"/> Research |
| <input type="checkbox"/> Production | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Distribution and Marketing |
| <input type="checkbox"/> Docent (i.e. Tours of Gallery) | <input type="checkbox"/> Other |

Please list skills that you think may be helpful: (i.e. typing, computer (Word, Excel, and Publisher), organizational, arts and crafts, teaching, directing, etc.)

How did you learn about the Teen Arts Ambassador Program?

Payment:

Check Enclosed* Visa American Express Master Card

CARD NUMBER

CSC#

SIGNATURE

EXPIRTATION DATE

*Make checks payable to the Art and Culture Center/Hollywood