

SUMMER ART CAMP

GreaterRestonArtsCenter

Intern Application

Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email: _____

Birthdate: _____

Experience: _____

Interests: _____

Recommendation:

Name: _____

Phone: _____ Email _____

Please attach a written recommendation or have one emailed to: ssadler@restonarts.org

Availability: check all that you would like to work How many weeks do you want to work? _____

<u>Week</u>	<u>Name</u>	<u>Dates</u>
_____ 1	My Mom Would Never Let Me Do That	July 9-13
_____ 2	My Mom Would Never Let Me Do That	July 16-20
_____ 3	Full STEAM Ahead	July 23-27
_____ 4	Fibers & Friends	July 30-August 3
_____ 5	My Mom Would Never Let Me Do That	August 6-10
_____ 6	Art and Movement	August 13-17