



MUNROE CENTER FOR THE ARTS
1403 MASSACHUSETTS AVE.
LEXINGTON, MA 02420
781.862.6040

2008 C.I.T. Application

Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Email: _____

Age: _____ School: _____

Please check the session(s) you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> Week 1. June 30-July 3: Return to Atlantis | <input type="checkbox"/> Week 5. July 28-Aug 1: You're a Rock Star! |
| <input type="checkbox"/> Week 2. July 7-11: Weird Science | <input type="checkbox"/> Week 6. Aug 4-8: Larger Than Life |
| <input type="checkbox"/> Week 3. July 14-18: Moroccan Travels | <input type="checkbox"/> Week 7. Aug 11-15: Cruisin' the Caribbean |
| <input type="checkbox"/> Week 4. July 21-25: Super Surrealism! | <input type="checkbox"/> Week 8. Aug 18-22: Road Trip! |

Please describe why you think you would make a GREAT C.I.T. at ArtSpan:

Please mention anything else about yourself that you would like us to know: (hobbies, talents, volunteer or service experience, etc)

Please list 2 references below:

Name: _____ Relationship: _____ Telephone: _____
Name: _____ Relationship: _____ Telephone: _____