

TEEN CAREER PREP APPLICATION FORM

Please return the completed form via mail, email (curtis@newimage.ca) or fax to (604) 685-8870. Thank you!

SECTION 1: PROGRAM

Please select the program you are applying for:

Teen Make-Up Camp

Teen Acting Camp

Teen Aesthetics / Spa Camp

SECTION 2: PERSONAL INFORMATION

First name: _____ Last name: _____ Age: _____

Email Address: _____ Parent's Name _____

Street Address: _____

City: _____ Province / State: _____

Country: _____ Postal / Zip: _____

Phone Number: _____ Mobile Number: _____

Fax Number: _____ Birthdate (D / M / Y): _____

Emergency Contact: _____ Contact's Number: _____

Name of Your High School : _____

Career Prep Advisor's Name: _____

Career Prep Advisor's Number: _____

Where did you first hear about New Image? : _____
