

Please fill out and return to Jim Frost.
 Atlantic Center for the Arts, 1414 Art Center Avenue, New Smyrna Beach, FL 32168
 800-393-6975

Name _____	Date of Birth _____
Permanent Address _____	City _____ State _____ Zip Code _____
Permanent Phone (_____) _____	Email _____
Current Address _____	City _____ State _____ Zip Code _____
This address is current until _____	
Person to notify in case of an emergency _____	
Phone(_____) _____	Relationship _____

College/University _____	City, State _____
Education/Degree _____	Earned/Graduation _____
Dates of Internship _____	to _____
How did you learn about the internship program? _____	
If you are staying in ACA housing, do you have any special needs? _____	
Do you have a cell phone? _____	
Do you have a valid driver's license? _____ Will you have a car while you are here? _____	

Travel Information:

Date of Arrival _____	Time _____	Flying/Driving _____
Airport _____	Airline _____	Flight # _____
Date of Departure _____	Time _____	

If you need assistance with transportation, please contact us prior to your internship start date.