

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.