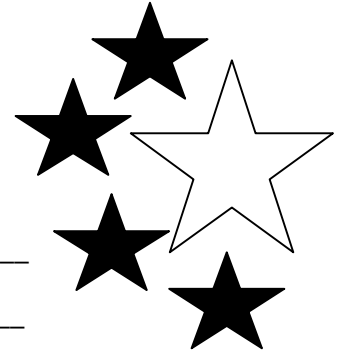


2007/2008 Circus Smirkus Residency Application

- First, book your dates by calling Smirkus at 802-533-7443 ext. 27.
- Next, complete this application.
- Send it along with your \$500 non-refundable deposit, within 30 days to:
- Circus Smirkus Residency Program
1 Circus Road
Greensboro, VT 05841



School/Organization: _____

Principal/Director: _____

Address: _____

E-mail _____

School Phone #: _____ Fax #: _____

Contact Person: _____

Home Address: _____

Phone # Day: _____ Eve: _____

Dates requested: _____ One or two-week program: _____

of students to participate: _____ Grades: _____ # of students per class: _____

What space(s) will be used for the Residency? _____

Are gym mats available for use during the Residency? _____

Will teachers be present during the workshops? _____

Is this Residency contingent upon receiving a grant? _____

Please give directions to your facility from the nearest major highway:

Would the school grant permission for Circus Smirkus to hand out novelty sheets to individuals interested in buying circus equipment? _____

OFFICE USE ONLY

_____ Date Rcvd
_____ Deposit Rcvd
_____ Calendar
_____ Contract &
_____ Curric. Sent
_____ Artist
_____ Invoice sent
_____ Eval sent