

## **APPLICATION**

First name:		Age:	
Do you like popcorn?	YES!	NO!	
Do you like animals?	YES!	NO!	
Are you willing to travel?	YES!	NO!	
Please list the cities you w	ould like to visi	t.	
What are your special tale	ents?		
Describe the act or trick yo	ou will perform	in the circus.	
Can you get along with ot Brambles? Could you worl			ut Barnabas
If you want to hear back fr and the name and street a Teacher's name:	ddress of your	-	cher's name
School name:			
School address:			

Finally, on the back of this paper, please draw a picture of yourself performing your special circus trick.