

**Adolph and Rose Levis Jewish Community Center
JCC Maccabi Arts Fest 2017
Mitchell Dobbin Maccabi Team**

ARTIST INTEREST FORM

PLEASE PRINT INFORMATION CLEARLY AND ANSWER ALL THE QUESTIONS.

Artist Name _____

Parent/Guardian Name _____

Address _____

City _____ ZIP _____

*Artist e-mail (required) _____

*Parent/Guardian e-mail (required) _____

Parent/Guardian Cell # _____ Artist Cell # _____

Are you a member of the Levis JCC? _____

Have you ever participated in the JCC Maccabi Arts Fest for another delegation? _____

If yes, which delegation and which year? _____

Artist Date of Birth _____ Age on July 31, 2017 _____

School athlete will be attending Fall 2017 _____

ARTS INTERESTED IN: *(Please indicate 1st, 2nd and 3^d choice)*

_____ ACTING/IMPROV

_____ MUSICAL THEATER

_____ STAR REPORTER

_____ CULINARY

_____ ROCKBAND

_____ VISUAL ARTS

_____ VOCAL PERFORMANCE/GLEE

