INTERNSHIP FORM

NAME:_____

ADDRESS:_____

_____

PHONE NUMBER:_____(CELL / HOME / OFFICE)

EMAIL:_____

EMERGENCY CONTACT:

NAME:_____

BEST PHONE NUMBER:_____

RELATION TO YOU:_____

QUESTIONAIRE:

What previous experience do you have in the film industry, if any?

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What are your goals for the internship?

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