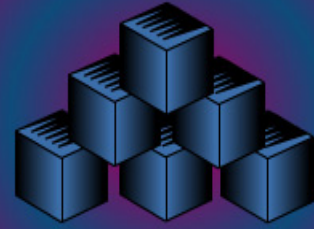


CREATIVE ARTISTS GROUP (C.A.R.S.) INC.

“The FULL SERVICE Production Company”



First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Past Sound Experience (Attach supplementary pages if necessary):

Main Area(s) of Interest (check all that apply):

Live Sound	___	Stage Lighting	___
DJ/Club Sound	___	Studio Lighting	___
Theatre Sound	___	Video Production	___

Applicant's Signature: _____ Date: _____