

Indianapolis Murat Shrine Circus Clown Unit Member Application



NAME _____
Last First Middle

ADDRESS _____
Street City Zip Code

HOME PHONE (____) _____ BUS. PHONE (____) _____

AGE _____ Lady's Name _____

EMPLOYER _____

ADDRESS _____

WORK SCHEDULE 5 DAY _____ 6 DAY _____ 7 DAY _____

SHIFT 7-3 _____ 3-11 _____ 11-7 _____

Regular or Rotating shift _____

TALENTS (such as musical instruments, sign painter, mechanic, etc)

HOBBIES _____

Can you attend parades, hospital appearances, etc. on Saturdays and/or Sundays (primarily), mostly from late spring, summer, and early fall? Will also be required to attend all Shrine Circus activities .

Yes ___ No ___

Have you discussed joining the Murat Shrine Circus Clowns with your family? This requires a great amount of commitment and will require their patience and understanding as well.

Yes ___ No ___

COMMENTS _____

SIGNATURE _____ Date _____