



“Too Cool to Smoke” Puppeteer Application

Name of Applicant: _____

School (if applicable): _____ Area of Study: _____

Applicant Address (*Please include ZIP*): _____

Home Phone: (____) _____ Cellular Phone: (____) _____

E-mail Address: _____

Please circle the puppet that you are interested in performing: Eric or Joanne

I can perform and answer questions in SPANISH: Yes _____ No _____

Date I'm interested in starting: _____

I am available to attend performances and rehearsals on: *Please check all that apply*

Weekdays

Weekends

Evenings

When are you ***NOT*** available?

Where did you hear about this program?

Signature of Applicant _____ Date _____

Please complete and return by:

(1) FAX – (713) 794-4418

(2) Email: fhuckaby@mdanderson.org or

(3) Mail to: Too Cool to Smoke; Public Education Office – Unit 700;

MD Anderson Cancer Center; P.O. Box 301439; Houston, TX 77230-1439

**Please contact Francine Huckaby at (713) 794-5968 or fhuckaby@mdanderson.org
for additional information or questions.**