

STAGECRAFT INSTITUTE OF LAS VEGAS

SEAL OF QUALIFICATION



CONTACT INFORMATION

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE		
EMAIL		



VERIFICATION OF ELIGIBILITY

- I certify that I am or have previously enrolled in the SILV class that corresponds to the exam(s) I am taking
- I certify that I have enough practical and/or educational experience to believe that I am already qualified to take the exam and that I am fully responsible for my own success or failure

EXAM(S) AND FEE(S)

SFX

- SILV student\$250
- non-SILV student ..\$500

AUDIO

- SILV student\$250
- non-SILV student ..\$500

LIGHTING TECHNOLOGY

- SILV student\$250
- non-SILV student ..\$500

LIGHTING SYSTEMS AND PROGRAMMING

- SILV student\$250
- non-SILV student ..\$500

PAYMENT METHOD

- check, money order, or cash
- credit card (complete section below)

NAME		
ADDRESS (IF DIFFERENT THAN ABOVE)		
CITY	STATE	ZIP
CARD NUMBER	EXP DATE	SECURITY CODE

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)
PARENT/GUARDIAN NAME (IF UNDER 18)
PARENT/GUARDIAN PHONE OR EMAIL (IF UNDER 18)

APPLICANT SIGNATURE
PRINT NAME
DATE