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# YOUTH SCHOLARSHIP PROGRAM APPLICATION

SEND TO:

773-294-8597 or  
773-252-7855  
edmagic@houseofix.net

Ed Litt  
P.O. Box 476917  
Chicago, IL  
60647-6917

Date of Application:

Please attach your essay to this application. Include what your interest is in magic and why you'd like to attend.

**Name of Youth Applicant**

**Age**

**Address**

**City, State, Zip**

**Telephone #**

**E-Mail**

**Name of Parent/Chaperone**

**Relationship to Applicant**

**Are parent and youth addresses the same? If not please indicate parent address, phone and email.**

NOTICE TO YOUTH, PARENT, ADULT GUARDIAN, AND CHAPERONE: BY SIGNING ABOVE, YOU EACH AGREE TO ABIDE BY ALL HOUDINI CLUB OF WISCONSIN RULES AND REGULATIONS, AND HOLD THE HOUDINI CLUB HARMLESS FOR ANY CAUSES OF ACTION ARISING FROM OR RELATED TO THE CONVENTION.

Parent Signature + date \_\_\_\_\_

Youth Signature + date \_\_\_\_\_

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