Sorcerer's Apprentice Application

After we receive and process your form we will send an email with a link to upload your video! Make sure to upload your (max. 2 min.) video to be considered. (Please allow 2-3 Business Days to Receive your upload link).

Apprentice Name: _____

Apprentice Age: _____

Street: _____

City: _____

State: _____

ZIP: _____

Email Address: _____

Phone Number: _____

Why would you like to be the Sorcerer's Apprentice?

_____

_____

_____

_____

I Have My Parent/Guardian's Permission to Apply *(Required)*

Parent/Guardian Name: _____

Parent/Guardian Signature: _____