



Vendor Application

26-29 March 2015 at Impact Arena Muang Thong Thani

Name-Family Name:			
Nick Name:		Sex:	
Birth Date:		Age:	
Mobile Phone:		E-mail:	
Home Address:			
Occupation:	<input type="checkbox"/> Student <input type="checkbox"/> Non-student (Please specify)		
Highest Education:		University:	
Faculty:		Major:	
Year:		GPA:	
Language Skill:	English (Speaking) <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Working Experiences:	<input type="checkbox"/> Disney On Ice Vendor Year..... <input type="checkbox"/> Other (Please specify) 1) 2) 3)		
Capable to work extra hours or late at night:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent's Name-Family Name:			
Parent's Telephone No.		Relationship:	
Applicant's Signature: Date:			