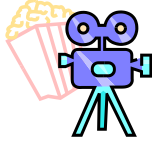




LET'S MAKE A MOVIE CAMP 2019

June 10-14



REGISTRATION FORM

IMPORTANT: PLEASE COMPLETE ONE FORM FOR EACH STUDENT

Student Name: _____ Grade Entering : _____

Address: _____ City/State/Zip _____

Parent's Email Address: _____

Please Note: All camp correspondence will be sent using this e-mail address above. This includes your registration confirmation and your camp information letter containing details on what to wear, what to bring, drop off/pickup instructions, etc.

LIVE ACTION

Each filmmaker will work together to Director Michael Wise to create a live action film using filmmaking equipment we provide. He or she will work as part of a team to write their script, create story boards and act in, direct, and shoot the film. The team will learn the various roles of production. The first edit of the short film that they produce will be shown on the Grand Theatre's Big Screen. Upon final edit they will receive a DVD of the Final Cut.

CAMP T-SHIRT: Each filmmaker will receive one t-shirt as part of their camp experience. Extras may be ordered and paid at registration.

Please circle size: YOUTH: YS YM YL ADULT: S M L XL XXL

EXTRA SHIRTS : _____ Size _____ Quantity x \$20.00 = TOTAL \$ _____

DVD: Each filmmaker will receive a free DVD of the camp films. Extras may be ordered and paid with registration.

CANCELLATION & REFUND POLICY:

- **More than 14 days prior to camp:** 100% refund.
- **8-14 days prior to camp:** 50% refund.
- **7-0 days prior to camp:** No refunds will be issued.

TOTAL COSTS:

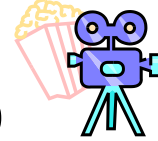
Full Day Reg. (9am- 3pm)	\$ _____	\$85.00
Extra t-shirts	\$ _____	\$20.00
Extra Camp DVD's	\$ _____	\$10.00 Each
TOTAL	\$ _____	

Please make checks payable to:

The Fitzgerald-Ben Hill Arts Council

PLEASE DELIVER THE REGISTRATION AND PAYMENT TO: The Depot

You may also mail it to FBHAC, PO Box 537, Fitzgerald, GA 31750



LET'S MAKE A MOVIE CAMP 2019 REGISTRATION FORM

Student Name: _____

Has your child ever attended Movie Camp at the Grand Theatre before? Yes _____ No _____

Experience with iMovie, Windows Moviemaker, etc: ___None ___Some ___Whiz Kid

NOTE: All experience levels are welcome.

Please print clearly.

PARENTS / GUARDIANS / EMERGENCY CONTACTS / PEOPLE AUTHORIZED TO PICK UP MY CHILD WITH PHOTO ID

Mother _____ cell _____ work _____ Home _____

Father _____ cell _____ work _____ Home _____

Other _____ cell _____ work _____ Home _____

MEDICATIONS / ALLERGIES / MEDICAL CONDITIONS / ANYTHING ELSE WE SHOULD KNOW

RELEASES

Please note that all releases must be signed in order for your child to attend camp.

Emergency Medical Treatment Release

Should any emergency arise, every possible effort will be made to contact me immediately. However, if I cannot be reached or should the situation warrant immediate medical attention, I authorize the Grand Theatre to arrange for treatment through EMS/911 and/or Dorminy Medical Center.

Signature of Parent/Guardian _____ Date _____

Photo Release

I hereby allow the Grand Theatre to take photographs, film or video of my child to be used for Grand Theatre public relations and archival purposes only. I also allow my child to participate in any media coverage of the summer camp (newspaper stories, etc.)

Signature of Parent/Guardian _____ Date _____

Authorization To Share Student Movies

I understand my child's movie will be shared with granting organizations and may be submitted to a film festival. A DVD of my child's movie will also be given to all the other campers who attend.

Signature of Parent/Guardian _____ Date _____

CONTACT INFORMATION: Brandy Elrod 229-426-5033 fitzgeraldbenhillartscouncil@gmail.com