

LET'S MAKE A MOVIE CAMP 2018

REGISTRATION FORM

- In 5 business days you will receive email confirmation that your form has been received.
- In 5 business days you will receive email confirmation that your child's spot is reserved and payment has been received.

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 create a 3-5 minute 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 their film. In post-production, they will learn how to use MS Moviemaker programs to edit and score their films. Each team will complete a 3-5 minute short film that will be shown on the Grand Theatre's Big Screen. At the end of the week, at our own Film Festival, every filmmaker will receive a DVD of her or his film.

STOP MOTION

Each filmmaker will work in a team to create a stop motion animation film short using a chosen provided storyline and their own choice objects. They will create story boards for their film, direct, shoot, edit and produce their film through the course of the camp. Films will be screened at the end of camp on the Grand Theatre's Big Screen on Saturday June 16th at 11 AM.

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

Extra t-shirts \$ _____ \$20.00

Each Registration \$ 85.00

Extra Camp DVD's \$ _____ \$20.00

TOTAL AMOUNT \$ _____

Please make checks payable to: The Fitzgerald-Ben Hill Arts Council

PLEASE DELIVER THE REGISTRATION AND PAYMENT TO: The Carnegie Center or the Grand Theatre

You may also mail it to FBHAC, P.O. Box 537, Fitzgerald, GA 31750

REGISTRATION FORM

Student Name: _____

Has your child ever attended Arts 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

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. 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 229-426-5035 fitzgeraldbenhillartscouncil@gmail.com