



# Barbara Seniors Harkins Foundation 2016 Summer Film Camp Application



## **Application Info**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Name, First Name

Gender:      Male                  Female

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Best Time for Contact \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Did you attend the Film Camp last year?      No      Yes

How did you hear about our Film Camp?

Why are you interested in attending our Film Camp?

What area of filmmaking are you most interested in?

Have you made films or videos before?      No      Yes If yes, please describe your experiences below:

School are currently attending: \_\_\_\_\_

Does your child have health problems?      No      Yes (please indicate)

Does your child have any allergies?      No      Yes (please indicate)

Special diet, eating disorders:

Does your child take medications?      No      Yes (please indicate)

## **Emergency Information** in case the parent/guardian cannot be reached.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

**Your application will be reviewed upon receipt. You will then be contacted for an interview.  
Once you are accepted into the camp program, there will be a \$100 deposit.**