



Dr. Barbara Seniors Harkins Foundation 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 non-refundable deposit.**