

Soul Creative Media in Partnership with St. John's Episcopal Church

Camp Application

Student Name_____

Student Age & School_____

Contact Email and Phone_____

- 1. Why do you want to take the 2 week filmmakers camp?
- 2. What is your favorite film?
- 3. Have you ever made a short video before?
- 4. Are you familiar with iMovie?
- 5. Do you have your own camera or will you use an ipad?
- 6. What aspects of filmmaking do you most want to learn; producing, directing, script writing, cinematography, editing, or acting?
- 7. Do you work well with a group?

- 8. How do you come up with your best ideas?
- 9. Will you be comfortable with sharing the camp's group film on youtube?
- 10. Do you have any dietary restrictions?
- 11. What is your favorite snack?
- 12. Do you have any health concerns that I should be aware of?

Parent Signature_____

Date_____

Please email this form to camp instructor, Leigh Reagan Smith, at <u>dalyreagan@gmail.com</u>.

Register at <u>www.soulcreativemedia.com/summer-camp-registration</u> For additional information, please contact Leigh Reagan Smith, at 307-690-0984 or <u>dalyreagan@gmail.com</u> or go to, <u>www.soulcreativemedia.com</u>.