



TEACHER APPLICATION
Print Version

INFORMATION:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Cell Phone: _____ E-mail: _____
School: _____ Courses: _____

EMERGENCY CONTACT INFORMATION:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Cell Phone: _____
Doctors' Name _____ Doctors' Phone _____
Please tell us of any medical conditions we need to know of.

COURSE DESCRIPTION:

VIC: Please insert course description

Training requires \$ 100.00 non-refundable deposit w/application

Balance Due 1 week prior to session

What DV audio/video equipment have you worked with?

How did you hear about us?

Which computer do you use?

Mac: _____ PC: _____

What programs and equipment have you used?

Production _____ Camera _____ Sound _____

MULTIMEDIA:

Flash _____
Maya _____
Dreamweaver _____
Adobe Photoshop _____
Others _____

MOVIEMAKING

imovie: _____
Final Cut Pro _____
Adobe Premiere _____
Adobe After Effects _____
Combustion _____

Others _____

Signature _____

Date _____

PAYMENT INFORMATION:

Mail signed application and check made payable to DIGITAL DAYS at

Digital Days of Summer
924 Anacapa Street, Suite 3J
Santa Barbara, CA 93101

Or Fax the completed application to 805-730-1553 then send check to above address.

Contact info:
805-730-1551

E-mail: admin@digitaldaysfest.com
<http://www.digitaldaysfest.com/camp/>

THANK YOU