



TEEN SUMMER CAMP APPLICATION
Print Version

STUDENT INFORMATION:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Age: _____ Male: _____ Female: _____
School: _____ Grade: _____

PARENT/GUARDIAN INFORMATION:

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

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 SELECTION: (circle)

July 21 - 25

MULTIMEDIA & MOVIE MAKING

\$495

Cost includes lunch, and snack for students

Financial and Scholastic Scholarships Available.

SIGN UP EARLY... Space is limited.

Weekly camps require \$ 100.00 non-refundable deposit w/application

Monthly camp requires \$ 250.00 non-refundable deposit w/application

Balance Due 1 week prior to camp

Scholarships and payment plans available

We'd like to know you better...

Please share examples of your previous work with your application and tell us:

What is your summer goal?

Why do you want to be a part of this camp?

What are your favorite movies? Why?

What are your favorite websites? Why?

Do you have a specific idea for a movie? Please tell us about it.

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 _____

Other _____

MOVIEMAKING

imovie: _____

Final Cut Pro _____

Adobe Premiere _____

Adobe After Effects _____

Avid _____

Other _____

What programs and equipment do you want to learn?

Production _____ Camera _____ Sound _____

MULTIMEDIA:

Flash _____
Maya _____
Dreamweaver _____
Adobe Photoshop _____
Other _____

MOVIEMAKING

imovie: _____
Final Cut Pro _____
Adobe Premiere _____
Adobe After Effects _____
Avid _____
Other _____

Parent/Guardian 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: camp@digitaldaysfest.com
<http://www.digitaldaysfest.com/camp/>

THANK YOU