

**Alabama Filmmakers Co-op
Movie Makers: Filmmaking Workshop for Kids
Summer 2005 Session**

Application and Registration Form

The 2005 Summer Filmmaking Workshop will be held on four consecutive Saturdays beginning July 9, 2005 (July 9, 16, 23 and 30) from 10am to 4pm. The objective of the workshop is to create a completed short film (15minutes or less) that illustrates many of the techniques and procedures used to make movies. Our goal is that each and every workshop participant will have an opportunity to appear in the film and to work as a member of the crew in multiple technical and support positions. We plan to enter the final movie in the Alabama Filmmakers Co-op annual Halloween Film Festival or other film festivals. Each participant in the workshop will receive a copy of the film on DVD-R or VHS format after the completion of the film.

The Script: A rough outline of the story has been prepared, but it's a secret which will be revealed to the kids as the movie is shot and assembled. Some scenes will be planned completely in advance, but some will be developed by the kids, so they can learn about the script writing and storyboarding process. The script has elements of science fiction and scary movies, but is age appropriate. One theme of the story is the old adage "Be carefull what you ask for... you may get it."

Location: The principal site for the workshop is the Flying Monkey Arts Center located in the Historic Lowe Mill at 2211 Seminole Drive, Huntsville, Alabama. Depending on the requirements of the final script, additional locations may be added, but all participants will arrive at and be picked up from the Lowe Mill address.

COST: \$100 per applicant. This will cover the cost of all materials and expenses associated with the workshop, including providing lunch and afternoon snacks for the four days.

Deadline for Entry: Friday, June 17, 2005. After this date, the fee is nonrefundable. The Alabama Filmmakers Co-op reserves the right to cancel the workshop at anytime if, in the sole estimation of the organizers, the workshop cannot be completed according to their expectations. Should this occur, the full cost of the workshop will be refunded. The minimum number of workshop participants required is 8 and the maximum number is 15.

Where to Submit: Send this form, completed and signed by both the workshop participants and parent or guardian (Please be sure to sign both the application and the medical release form), including a personal check in the amount of \$100.00 made payable to the Alabama Filmmakers Coop. to the address below:

Alabama Filmmakers Co-op
Attn: 2005 Summer Filmmaking Workshop
PO Box 18272
Huntsville, AL 35804

Student Information

Name (print) _____

Address: _____

Phone No.: (____) _____-_____

Age: _____ You must be at least 11 years old and no more than 15 year old.

School attended Spring 2005: _____

Grade Level Completed: _____

Interests: (Check as appropriate)

(Assignments will be made based on demonstrated skills and behavior during the workshop, with the goal that each student will participant in as many assignments as possible.)

- Acting Lighting Sets/Props/Craft Services
 Production Script Supervisor Director
 Cinematographer Sound Music Other: _____

Experience: (List any experiences you have had with School or Community theater or movie productions)

Please provide the name of the instructor(s) and school (or other institution) where you obtained this experience:

Name: _____

School: _____

As a participant in the Summer Filmmaking Workshop, you are expected to read and comply with the following rules:

- 1) Be present during the hours from 10am to 4pm on all Four days of the workshop
- 2) Behave at all times in a manner consistent with participating in a team activity
- 3) Treat all fellow workshop participants, sponsors, instructors and volunteers with respect at all times
- 4) Provide an outfit for onscreen apperances that is approved by the instructors. (This will be discussed on day 1, and you will bring the outfit on day 2 and that outfit will remain at the Flying Monkey Arts Center until the final day).
- 5) Accept all assignments to work as a member of the team, including all crew duties and responsibilities.
- 6) Notify the instructors or volunteers of anything which violates these principals or which may result in disruption of the production at any time or which may prevent any other workshop participants from being able to fulfill these requirements
- 7) Keep parents or guardians informed of all activities and commitments during the workshop
- 8) Stay with assigned group. Under no circumstances will you leave the premises or move out of the direct supervision by instructors and volunteers.

Student Commitment

I, (name) _____, agree to participate in the 2005 Summer Filmmaking Workshop and ceritfy that I have read and understand the rules of participation as presented above and I agree to abide by those rules.

Signature

Date

Parent or Guardian Information

The Movie Makers: Filmmaking Workshop for Kids will use the Flying Monkey Arts Center located at the historic Lowe Mill for our meeting place and place of principal photography. We request that all participants arrive at this location by no later than 10am on each Saturday of the workshop and that they be picked up at 4pm on those same days. Failure to arrive on time may result in your child missing out on participating in filming of some portions of the movie. Depending on the needs of the final script, we may choose other locations to shoot selected scenes of the movie. Your child will be provided with these locations on the first day. We will arrange transportation to and from those locations by our volunteers. (Please consider volunteering your time too!)

This workshop is being provided as a community service by the Alabama Filmmakers Co-op, a non-profit community organization that has supported our community for over two decades. We rely on volunteers and donations for all of our activities.

Please be aware that the historic Lowe Mill is an old factory building with gravel parking lot and industrial interior. While this facility serves host for many functions from movie screenings to concerts to art exhibits, we urge all participants to exercise caution to avoid injury and to wear clothing appropriate for the setting. The facility is not airconditioned. All children should wear shoes at all times. We foresee that some of the scenes will be shot outdoors so please be sure your child has protective clothing and wears sunscreen.

Meals provided during the workshop will be simple, cold-cut sandwiches, chips, softdrinks or juice. We will provide snacks and water. If your child has special dietary needs, please arrange to send those items each day. Please do not bring any child who is running a fever or is known to be ill on any given day.

Volunteers

Parents and guardians, you or other adult members of your family or friends may volunteer to help create a great experience for your child as well as the others selected to participate in this Filmmaking Workshop. Older, mature teens may also volunteer. You can help in a number of ways, please check those areas where you feel most comfortable.

- Line Producer (Key role in making sure that everyone completes their assigned shots for each scene)
- Sets and Props
- Costumes and makeup
- Craft Services Coordinator (lunch and snacks)
- Limosine Service - if we have shooting locations away from the Lowe Mill, we'll need drivers to help get the cast, crew and equipment there and back.
- Cast Member - we have a few roles for adults with very limited on-screen time or dialog.
(Some makeup-effects will be required and your cloths may get dirty!)
- Wherever I can be of most help

I can help on the following days of the workshop:

July 9 July 16 July 23 July 30 All Days

I can't commit to specific days now, but I'd like to sign up later.

Parental Consent Form (Required):

I hereby agree to the participation of my child (named above) in the Movie Makers: Filmmaking Workshop for Kids Summer 2005 Session.

I agree that participation in this activity is voluntary and stipulate that my child is healthy enough for this activity and capable of complying with the rules established for participation. I understand the nature and extent of the physical activities and associated risks of participation in this workshop and I agree to accept any and all risks and accept full and sole responsibility for my child's participation herein. I agree to provide any and all necessary or relevant medical and emergency contact information should my child be injured or become ill during the workshop and agree to take full responsibility for any medical care or treatment required. (medical care release form attached).

I further understand that I share with my child the responsibility for transportation to and from the designated site and at the times designated for the workshop. I further agree that the full terms of this agreement apply for any additional locations where select portions of the workshop may be conducted.

Video Production Talent Release: For value received and without further considerations, I, as the parent or legal guardian, hereby consent to the use of all photographs, videotapes or film, and/or audio recordings, and/or written extractions, in whole or in part, of such recordings or performances taken of my child, _____, a minor under the laws of the state of Alabama, at the Flying Monkey Arts Center and other locations during the "Movie Makers: Filmmaking Workshop for Kids" during July 2005, by instructors and the Alabama Filmmakers Coop and/or others with its consent, for the purposes of illustration, advertising, or publication in any manner.

Parent or Guardian Signature

Date

Address: _____

City: _____, State: _____ Zip Code: _____

Phone Number(s): _____

E-Mail Address: _____

Emergency Medical Care Release

I, the undersigned parent or guardian, give my permission for Mr. Donald J. Tingle or Ms. Anna Sue Courtney to approve emergency medical care recommended by a medical doctor or hospital for my child, _____, only in the event that my spouse or I, or other emergency contact listed below, cannot be contacted in a timely manner. This document will be effective for July 9, 2005 thru July 30, 2005.

Please list any allergies or significant medical conditions:

Parent or Guardian Emergency Contact Information:

(Please Provide All Applicable Phone Numbers)

Parent

Home: _____

Work: _____

Cell: _____

Spouse

Home: _____

Work: _____

Cell: _____

Child's Doctor: _____

Doctor's Phone: _____

Insurance Carrier: _____

Policy Number or Identifier: _____

Alternative Emergency Contact:

Contact: _____

Relationship: _____

Phone: _____

Signed: _____ Date: _____

(Parent or Guardian)