



## THE FILMMAKERS OF THE FUTURE PROJECT

### REGISTRATION FORM

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

Class: \_\_\_\_\_

Do you have access to a Camcorder? Yes [ ] No [ ]

### School Authorization

Name \_\_\_\_\_

Position \_\_\_\_\_

Sign/ School Stamp \_\_\_\_\_ Date: \_\_\_\_\_

### \*Parental Consent

Name of Parents/ Guardian: \_\_\_\_\_

\*Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\* Signing this form means that you have read, understood and accepted the terms and conditions as contained at the back of the form and/ or on the website.

