



Invent, improvise & screen an original, instant video movie

## Registration Form for the (please check)

- July Playshop 2010 (July 12 - 16)
- August Playshop 2010 (August 16 - 20)

for Girls ages 11 - 14

Cost: \$300 per Playshop

Scholarships available

Please submit your application by July 2 for the July Playshop and August 6 for the August Playshop to ACT NOW! Inc, 409 Main St., Suite 211, Amherst, MA 01002

Questions? Call or 413-256-3471 or 413-230-0175 email [ACTNOWInc@gmail.com](mailto:ACTNOWInc@gmail.com) or [NanFletcher@gmail.com](mailto:NanFletcher@gmail.com)

### 1. Tell us about yourself

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Parent or Guardian Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

2. How did you hear about the MOVIEExperience Playshops
3. Please attach a letter explaining why you want to attend.
4. Please complete Emergency Contact Information below.

By signing below, you agree that ACT NOW! Inc. assumes no responsibility or liability for MOVIEExperience Playshop participants outside of playshop hours, or for participants travelling from other cities/towns to attend the MOVIEExperience Playshop. You also understand that although registration is on a first come, first served basis, ACT NOW! Inc. reserves the right to adjust enrollment in order to ensure a balance of ages, backgrounds, and geographical locations. Copies of the movie with music, title, and credits will be available no sooner than four weeks following the Playshop for \$10 each.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information**

Family Doctor's Name \_\_\_\_\_

Family Doctor's Phone \_\_\_\_\_

Family Dentist's Name \_\_\_\_\_

Family Dentist's Phone \_\_\_\_\_

Family Hospital \_\_\_\_\_

Please list any food or other allergies \_\_\_\_\_

Please list any medical or the conditions/requirements we should be aware of

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Check here if you want to be called for a scholarship interview

Signature of Parent or Guardian \_\_\_\_\_