



Title VII Media Club Program REGISTRATION FORM
American Indian Education Center
Stockton Elementary
4420 North Beacon Street
Chicago, Illinois 60640

Student Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ E-mail Address: _____

School: _____

Grade: _____ Age: _____ Form 506 on File with Title VII office? (Y/N) _____

Tribal Affiliation: (for record keeping purposes): _____

What area of film/video production are you most interested in?

Pre-production:

- Writing Storyboarding Auditioning Location Producing

Production:

- Acting Lighting Camera Props Make-up
 Directing Asst. Director Gaffing Gripping Costuming
 Audio Special Effects Optical Effects

Post-Production:

- Editing Foley Scoring Sound editing SFX/Graphics

PARENTAL SIGNATURE (Required)

By signing this registration form, I give my permission for my child _____ to take part in the Title VII Media Club Program. I also acknowledge, that by signing this form that any video or image of him/her captured during the program I give my express permission for Title VII and the Media Club program use of said images of my child for educational and promotional materials without compensation and acknowledge that such images become property of the Title VII Indian Education Program and that copies of images will be made available upon request.

Name and signature of parent

Date

PLEASE SIGN & RETURN TO BY **JANUARY 28, 2010:**

Ernest M. Whiteman III – Cultural Resource Specialist
American Indian Education Center
4420 North Beacon Street, Room #221
Chicago, Illinois 60640