



**REGISTRATION**

My team needs to borrow equipment

My team needs access to editing software

I am/we are interested in the following workshops:

Videography/sound/lighting

Storytelling/script writing

Acting

Editing

Team Name (make one up!) \_\_\_\_\_

**Student 1 Name:** \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

If under 18, Parent/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

**PERMISSION and PUBLICITY USE**

I have read the Official Rules of the 10 Day Film Contest and hereby give my child,  
\_\_\_\_\_ permission to participate. I also grant Tibbits permission to use my child's  
image in publicity or general marketing for Tibbits Opera Foundation and Arts Council, Inc.

Parent/Gaurdian Name (printed): \_\_\_\_\_

Parent/Gaurdian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student 2 Name:** \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

If under 18, Parent/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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Parent/Gaurdian Name (printed): \_\_\_\_\_

Parent/Gaurdian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student 3 Name:** \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

If under 18, Parent/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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Parent/Gaurdian Name (printed): \_\_\_\_\_

Parent/Gaurdian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student 4 Name:** \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

If under 18, Parent/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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Parent/Gaurdian Name (printed): \_\_\_\_\_

Parent/Gaurdian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student 5 Name:** \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

If under 18, Parent/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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Parent/Gaurdian Name (printed): \_\_\_\_\_

Parent/Gaurdian Signature: \_\_\_\_\_ Date: \_\_\_\_\_