



TEEN DOCINTENSIVE

February 18th&19th 2017

Student Name:

Grade Level:

Address:

Phone:

Email:

Teacher Reference – Name & Email:

1. Why do you want to participate in a 2-day filmmaking workshop?

2. Do you have any experience in the world of filmmaking and storytelling? (It's ok if you don't!)

3. What are your other interests?

4. What do you hope to learn during this intensive?

BSDFF 2017 TEEN DOC INTENSIVE
PARENT/LEGAL GUARDIAN PERMISSION SLIP

Student's Full name: _____

Parent/Guardian name(s) (please print): _____

PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian:

Your son/daughter/individual under your guardianship is eligible to participate in Big Sky Documentary Film Festival's Teen Doc Intensive! This activity will take place under the guidance and direction of Big Sky Film Institute (BSFI) and the UM School of Journalism

DATES & LOCATIONS OF ACTIVITY

February 17th-18th 2017

Location: University of Montana School of Journalism

I hereby consent to participation by _____, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away in various locations and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant.

Parent's/Guardian's Signature: _____

Date: _____

Telephone #: Day: _____ Night: _____

Alternate Emergency Contact: _____

Telephone #: Day: _____ Night: _____

Allergies or Medical Concerns:

Scan and email to Sarah Briggs at: youth@bigskyfilmfest.org or via mail:
Big Sky Documentary Film Festival, 113 West Front St, Suite 105, Missoula, MT, 59802