



**San Luis Obispo International Film Festival  
Summer Youth Filmmaking Workshop**

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Grade entering in fall 2008: \_\_\_\_\_

Session: \_\_\_ Grades 3-6 (9am-12pm) \_\_\_ Grades 7-9 (1-4pm) \_\_\_ Grades 10-12 (6-9pm)

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**Payment Information**

A deposit of \$100 is required at registration. The remaining \$100 will be payable by July 9th to secure a spot in the workshop. After July 9, the deposit is non-refundable. After July 14, the entire tuition is non-refundable. Siblings get a 10% discount.

Please mail checks with registration form to:

Summer Filmmaking Workshop, c/o SLOIFF, P.O. Box 1449, San Luis Obispo, CA 93406

or Fax with credit card number to: 546-3456 or Scan and email to: [festivaldirector@slofilmfest.org](mailto:festivaldirector@slofilmfest.org)

Payment by:

\_\_\_ check      \_\_\_ Credit Card (Visa and Mastercard)

Credit card #: \_\_\_\_\_ Exp. \_\_\_/\_\_\_

Signature: \_\_\_\_\_

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**Medical Information**

Emergency Information: Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Emerg. Contact Number: \_\_\_\_\_

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