FILM CAMP REGISTRATION FORM

Date:

Name: Age:

Email:

Cell phone:

Parent's Name:

Address:

Email:

Home Phone:

Cell Phone:

Work Phone:

Emergency Contact:

Name:

Home Phone:

Cell Phone:

VIDEO RELEASE: Permission is hereby granted for my student to participate in photographed and videotaped school related activities. I understand that such photographs and videotaped productions are being used for educational and/or school related purposes only, and that as such, these photos and programs may be printed in local newspapers and/or shown on local cable television stations. I also understand that these photos and programs will not be duplicated or sold for profit.

Printed Parent Name	Printed Participant Name
Parent Signature	Parent Signature

Send application and check for $300.00 made payable to: EHS FILM CAMP
c/o Nancy Batchelder, Administrative Assistant
Exeter High School
1 Blue Hawk Drive
Exeter, NH 03833