

# Facets Kids Film Camp APPLICATION 2012

Session 1: June 18 – June 29 (Ages 11-14, 9am-12:30pm & Ages 7-10, 2pm-5:30pm) – Half Day  
Session 2: July 9 – July 13 (Ages 11-14 only) – Full Day  
Session 3: July 16 – July 20 (Ages 7-10 only) – Full Day

## APPLICATION FORM

Participant's Name: \_\_\_\_\_ Age (as of 7/20/12): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone #: (home) \_\_\_\_\_ (parent cel) \_\_\_\_\_ (2<sup>nd</sup> cel #) \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Emergency Contact (other than yourself: name, number, relationship): \_\_\_\_\_

How did you hear about Facets Kids Film Camp?: \_\_\_\_\_

## PAYMENT INFORMATION

Please check the session of participation:

Session 1 (June 18-June 29): \_\_\_\_\_ Session 2 (July 9-13): \_\_\_\_\_ Session 3 (July 16-20) \_\_\_\_\_

- **Session 1:** Ages 11-14 meet 9am-12:30pm and ages 7-10 meet from 2pm-5:30pm. Cost is \$350
- **Session 2:** Ages 11-14 only. Session meets from 9am-5pm. Cost is \$450 with lunch provided.
- **Session 3:** Ages 7-10 only. Session meets from 9am-5pm. Cost is \$450 with lunch provided.

### Check one:

Session 1: \_\_\_\_\_ \$350 (snack provided) \_\_\_\_\_ \$315 Patron Circle Member/Sibling (snack provided)

Session 2 & 3: \_\_\_\_\_ \$450 (snack & lunch provided) \_\_\_\_\_ \$405 Patron Circle Member/Sibling (snack & lunch provided)

\_\_\_\_\_ Check enclosed. Please make checks payable to "Facets".

Credit Card Number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Expiration date (mo/yr): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## OTHER DETAILS

**CHILDREN'S JURY:** Would your child be available to participate in the **Children's Jury** (July 23 – August 3, 2012) of the Chicago International Children's Film Festival \_\_\_\_\_ Yes \_\_\_\_\_ No

**VOLUNTEERING:** Would you be interested in volunteering for Facets Kids Film Camp? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PARTICIPATION AGREEMENT:** I hereby give my child permission to participate in programs of Facets Multi-Media. My child will follow program rules or risk dismissal from the program.

Signature of parent/guardian: \_\_\_\_\_ (Date): \_\_\_\_\_

Name of parent/guardian (please print): \_\_\_\_\_

### Please send application materials to:

Facets Kids Film Camp, c/o Facets, 1517 W. Fullerton Ave., Chicago, IL 60614

Tel: 773-281-9075 ext. 3011 Fax: 773-929-0266 [kidsfest@facets.org](mailto:kidsfest@facets.org) [www.cicff.org](http://www.cicff.org)