



Teen Film Lab 2020

MAKE A MINUTE MOVIE CHALLENGE

Join the GiveMe5 Teen Film Lab, where Rhode Island high school filmmakers challenge their filmmaking skills!

Apply NOW: First-come first-served!

LAB DATES:

IN PROVIDENCE: Saturday, March 7, 2020 @ Trinity Academy for the Performing Arts, Providence

Application Deadline: Friday, February 28

IN SOUTH COUNTY: Saturday, March 14, 2020 @ URI Harrington School of Communications, Kingston Campus

Application Deadline: Friday, March 06

TIME: Both Locations 10 AM – 6 PM (lunch provided)

WHAT is the Lab? Student filmmakers will have 6 hours to write, shoot, and screen a film with a professional coach and a team.

WHO can apply? Any Rhode Island student between the ages of 14-18 with an interest in filmmaking is eligible to apply, with the sponsorship of a school or community teacher, and/or parent/legal guardian.

Out-of-state students welcome as space allows.

Space allowing: Up to 10 students per school or program eligible to apply.

COST: FREE

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APPLICATION

PRINT OR TYPE CLEARLY. ONE FORM FOR EACH STUDENT. FAX TO 222-3018 OR E-MAIL TO QUIRK@FILM-FESTIVAL.ORG. YOU WILL RECEIVE A CONFIRMATION AND DETAILS IF YOUR APPLICATION IS ACCEPTED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

STUDENT NAME:

SCHOOL OR ORGANIZATION:

SPONSORING TEACHER (OR PARENT) NAME:

TEACHER (OR PARENT) CONTACT INFO E-MAIL:

PHONE:

Overall skill level: beginner ___ intermediate ___ advanced ___

Primary skills: camera work ___ writing ___ acting ___ directing ___ editing ___

Specify editing: Final Cut Pro ___ I-movie ___ movie maker ___ Premiere ___ Other _____

Facilities are wheelchair accessible. If you require accommodations such as sign language interpretation, please notify us no later than March 1st. We regret that we cannot accommodate dietary restrictions, so please bring any special food needed.

I understand that by applying I am promising to attend the event if accepted and understand that a place will be held for me specifically. If I am unable to attend, I or my teacher or parent will notify Shawn Quirk (quirk@film-festival.org) for others to attend.

Student Signature _____ Date _____

Sponsoring Teacher (or parent/guardian) Signature _____ Date _____