



High School Video Workshop Series Application
March 1, 8, 15, 22; April 5, 19, 26; May 3, 10, 17; 4:30-6:30 pm.

DEADLINE EXTENDED to February 10, 2012

Notification of Acceptance: By February 17

Name: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone/Cell: _____

Email: _____

School: _____

Grade: _____ Teacher (who told you about the program): _____

Why do you want to participate in this program?

What experience have you had with film and video?

What do you think that you will gain from participation in this program?

I _____ can commit to attend all eight sessions of the **High School**
(*name of student*)

Video Workshop Series on Thursdays from 4:30-6:30 from March 1 through
May 17, 2012.

I, _____, have read the information about the program and give my
(*signature of parent/guardian*)

son/daughter _____ permission to participate in this program.

Please return completed application by **February 10, 2012** to:

Jamie Auriemma
Teen Programs Coordinator
The Jewish Museum
1109 Fifth Avenue
New York, NY 10128
FAX: 212.423.3232
EMAIL: teenprograms@thejm.org

**You will be notified if you have been accepted
into the workshop series.**

