



Siksika

7 - Day Film Camp

Workshop

Start Date: July 20th 2017	End Date: July 28th 2017	Weekdays
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Name: _____

Birthdate: _____

Home/Cell Number: _____

E-mail Address: _____

Application due: Friday, July 14

Why are you applying for this workshop?

Why do you believe it is important to tell our (First Nations) stories?

What type of stories would you like to tell?

What are you hoping to learn?

Experience with any sort of media? (Circle One) Yes / No
(i.e. videography, photography, graphic design, home movies, etc.)

If, yes, please specify. _____

Name of Participant (Print)

Date

Signature of Parent/Guardian

Date