

# REGISTRATION FORM

PLEASE PRINT CLEARLY

## 1. CHOOSE YOUR PROGRAM

**A July 4-15**

**B July 18-29**

**C August 2-12\***

\* Program C is open to all applicants, and highly recommended for returning Summer Visions alumni and experienced filmmakers

## 2. PERSONAL INFORMATION

Participant Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ School \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Specific Needs

Medical Alert

Allergies

Dietary Requirements

Please Specify \_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_ Telephone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

## 3. PAYMENT INFORMATION (BURSARY APPLICATION ON REVERSE)

The total payment is \$600 (tax incl.), payable to Pacific Cinémathèque

Cheque

Money Order

VISA

Mastercard

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ m m / y y

Name of Credit Card Holder \_\_\_\_\_ Signature \_\_\_\_\_

Please note that once we have confirmed your place in a program, changes and cancellations may be subject to a \$25 administration fee. Please contact us for full details.

## 4. SUBMIT FORMS AND PAYMENT

Mail: Summer Visions, Pacific Cinémathèque, 1131 Howe Street, Vancouver BC, V6Z 2L7

Fax: 604-688-8204

Email: [info@summervisions.ca](mailto:info@summervisions.ca)