



# The Summer Lab

## Application Form

Print this page, fill it out and mail it to us at the address below. We do not yet accept on-line submissions. Please attach additional pages, including letters of recommendation, if necessary. Answer all questions completely. Be sure to check the class Schedule & Deadline!

What are we looking for in our students? Our success derives from highly motivated young men and women who have a story they feel passionate about and just have to tell the world! Be personal. Be Real. ***You have a voice: USE IT!***

Your School Representative (if you have one) is:

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Phone:

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Your Name:

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Date of Birth:

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What Grade are you in?:

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Your School:

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Your Address:

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Phone:

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Mobile:

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Your Email:

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Where were you born?

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Where were your parents born?

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Emergency Contact

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Relationship To You:

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His or Her Address:

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Phone:

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Please list two adults (besides your parents) who understand your unique gifts and passion for storytelling. Include phone numbers so we may contact them.

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Parental Approval is required for all students under 18 years old.

As parent/guardian of \_\_\_\_\_, I give permission for him/her to participate in the Lab. I give my child permission to go on all scheduled trips and outings. I do hereby give authority to the Reel Works Teen Filmmaking to obtain necessary medical treatment for my child, with the understanding that the family will be notified as soon as possible. I hereby grant permission to Reel Works Teen Filmmaking to use my child's name, to take and publish photographs, videotapes or motion pictures for any legitimate purpose. I release all rights to such.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that the Lab will involve a weekly commitment for at least sixteen weeks. If accepted, I agree to participate fully in all aspects of the program and maintain regular attendance.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***On a separate sheet of paper, please answer the following questions:***

1. Who are you? Tell us something about yourself. Something important. Something maybe others don't see.
2. What do you love? What do you hate?
3. What things are most important to you? What do you want to tell the world?
4. Why do you want to learn filmmaking?
5. Why do you want to work with a mentor?
6. Do you have any film or video experience? All levels are welcome.

**Please enclose one letter of recommendation from an adult who understands your unique gifts and passion for storytelling.**

**Please return your completed application by the DEADLINE listed on our website to:**

Reel Works Teen Filmmaking  
The Prospect Park YMCA  
357 Ninth Street  
Brooklyn, NY11215

Questions? Contact **Kristin Wernicke**, Lab Coordinator at:  
(718) 768-7100 Ext. 139  
[Kristin@reelworks.org](mailto:Kristin@reelworks.org)