



Video Camp 2016: July 25th-29th



Do you love to act, take videos and/or edit? Have you ever dreamed of making your own movie or show? This summer MMCTV will offer middle school-aged students the chance to learn TV skills, while having a great time. The week will combine creative challenges and hands-on use of field and studio equipment. All skill levels are welcome!

Over the course of the week, students will be trained in the basics of script-writing, videography, lighting, sound and editing. We will work in small groups to both cover basic skills and take them to the next level through exercises and the creation of several short videos.

For the second year, we will present the final videos to parents and friends at a special "red carpet" screening event on the last day.

The camp will be held daily at MMCTV's studio (35 West Main Street, Richmond) and the Richmond Free Library (in walking distance, at 201 Bridge Street).

- **Camp hours/dates:** 10am-3pm, July 25-29, 2016
- **Lunch:** Campers need to provide their own bagged lunch. Some snacks may be provided by MMCTV, so please make us aware of any food allergies.
- **Camp fee:** \$125 for Jericho, Richmond and Underhill residents or BRMS, CHMS area students (or home-schooled students from that area). \$150 for non-residents. Scholarships are available upon proven financial need.
- **Registration** is on a first come, first served basis. A non-refundable \$25 deposit is required with registration. Full payment must be made by first day of camp by check or cash.
- **Cancellation:** If you need to cancel, please notify us immediately so that a child on our waiting list can attend camp. We will refund half the amount up to 2 weeks before camp.



MMCTV Video Camp Registration Form

Please email (mmc-tv@comcast.net) or mail this form.

Your space will be reserved after we receive a \$25 cash/check deposit
(*in person*: 35 W. Main Street, Richmond, or *by mail*: PO Box 688, Richmond, VT 05477)

Student name

Student age (as of first day of camp)

Student #2 name

Student #2 age (as of first day of camp)

Parent/Guardian's name

Address

City/ State/Zip

Home Telephone

Work Telephone

Mobile phone

E-mail

Please list any allergies: _____

Name(s) of adult who will dropping off/picking up your camper