



Please complete, sign and return this form to the Grandin either via fax, e-mail (signed & scanned) or mail. Once an application has been received, please allow 7-10 business days for processing and we will be in touch via e-mail or phone regarding acceptance details. **You will need to attend an orientation before being able to access the facilities.** Students must enroll before June 1, 2017 for the fall schedule. Mid-year enrollment will be announced at a later date, if applicable.

1310 Grandin Road Roanoke, VA 24015 p: 540-345-6377 f: 540.345-7404 w: www.grandintheatre.com e: grandinfilmlab@gmail.com

Dates & Hours

Year 2017-2018 (September 2017 – April/May 2018) **Lab Hours** — 2 days/week (T-TH) 3:45 - 7:00 PM

Grandin Theatre Film Lab - Student General Information: (PLEASE PRINT)

Last Name: _____ First Name: _____ MI: _____
 Date of Birth: ___/___/___ Gender: Male: ___ Female: ___ Other: ___
 Name of School/ School Program: _____
 Type of School: Public School: ___ Private School: ___ Home School: ___ Grade Level (at start of school year): ___
 Home Street Address: _____
 City: _____ Zip: _____ City Address: ___ County Address: ___
 Home Number: ___ - ___ - ___ Cell Number: ___ - ___ - ___
 E-mail: (please provide) _____

Parent/Guardian: (PLEASE PRINT)

Last Name: _____ First Name: _____ MI: _____
 Relationship to Student: _____
 Home Number: ___ - ___ - ___ Cell Number: ___ - ___ - ___ Work Number: ___ - ___ - ___
 E-mail: (please provide) _____

I, _____/_____ (print & sign name), have read the Film Lab rules, guidelines, policies and procedures and hereby agree to respect and abide by all conditions set forth.

Media Release - I hereby grant the Grandin Theatre Film Lab the right to use, reproduce, distribute and/or transmit photographs, videotape and/or recordings of me, in whole and in part, and permit the use of my name in conjunction with these materials. I acknowledge that such photographs, videotapes and/or recordings of me, and any associated materials, printed, electronic, or other, may become part of copyrighted materials that the Grandin Theatre Film Lab may distribute to others in furtherance of its educational mission (if you prefer to opt out of the media release, please speak with Ian Fortier, Executive Director, directly at 540-345-6377).

Member Name – Print	Member Signature	Date
Parent Name – Print	Member Signature	Date
Grandin Theatre Representative	Member Signature	Date

Payment/Enrollment Information

I would like to attend:

_____ Full Year (September 2017– May 2018) - \$325.00 (payment can be split for convenience).

I would like to make an additional donation to the Film Lab of \$_____.

Personal Interests

Please list any interests, prior experiences, and, or hobbies which you feel might be enhanced by becoming a member of the student film lab _____

What is your favorite movie(s)? _____

Why do you wish to participate in the Grandin Film Lab? _____

Method of Payment

_____ Check or cash (make checks payable to Grandin Theatre Foundation w/ "Film Lab" in memo line)

Credit Card (check one): ___Master Card ___Visa ___Discover

Credit Card Number: _____ Expiration Date: ____ / ____ Billing Zip Code: _____

Payments can be made Monday-Friday from 10:00am to 4:30pm or mail application with check to:

The Grandin Theatre, 1310 Grandin Road, Roanoke, VA 24015. Please put "Film Lab" in the memo line.

Financial Assistance

(For those **NOT** needing financial assistance, you may skip this section)

_____ In order to attend I will need financial assistance and would like to apply for a scholarship.

If you checked the box above, the parent or guardian **must** provide and attach a statement (preferably one page or less) indicating the circumstance(s) requiring you to seek financial assistance.

In addition to considering your statement, financial assistance is based on availability and Film Lab membership capacity. A meeting will be scheduled with student, parent or guardian with Executive Director and Program Coordinator or other Film Lab personnel to discuss scholarship opportunities and conditions.