



2009 Video Team Member Information

Each team member is to fill out their own Team Member Information sheet.

Name _____ Age _____ Grade _____

Parent/Guardian Name(s) _____

Video Team Name – can be the name of the film or, if you don't yet have a film name, list the team members you are working with: _____

Please Circle your T-shirt size! Adult Unisex: S M L XL XXL

Why do you want to make a film? _____

What obstacles, if any, do you face in making a film? _____

Would you be interested in attending an after-school clinic on film making? _____

What specific topic(s) would you want to be covered in the clinic? _____

Tell us a little bit about yourself. What is your favorite film, and why? _____

What are some of your other interests? _____

Did you attend last year's SEF Film Festival? _____ **What did you like?** _____

What changes would you make in next year's festival and why? _____

Thank you for your interest!