



Providence Children's Film Festival presents
Give Me 5 Youth Film Lab: MAKE A MINUTE MOVIE Challenge
Saturday, February 16, 2019 from 11:00am – 6:00pm

Want to make a movie? The PCFF Give Me 5 Youth Film Lab challenges Rhode Island youth (age 12-17) to work collaboratively to complete a one-minute film, in only 5 hours. Assigned teams guided by a film coach will make a film from beginning to end: brainstorming, writing, storyboarding, acting, filming, and editing. At the end of the lab, parents are invited to watch the finished films and hear the teams discuss the process. No previous filmmaking experience required!

- WHAT:** Youth filmmakers will have 5 hours to write, shoot, edit and screen a 1-minute film with a professional coach and a team. At the end of the lab, parents are invited to watch the finished films and hear the teams discuss the process.
- WHO:** Open to Rhode Island youth ages 12-17 with an interest in filmmaking. No previous filmmaking experience required. Grade and skill level will be considered when creating teams. Part of the lab experience is learning to work as a team with people you may not know ahead of time. For this reason, we do not accept placement requests. Out-of-state students welcome as space allows. **Application Deadline:** February 7, 2018 or until full. Apply early; this lab usually sells out.
- WHEN:** Saturday, February 16, 2019 from 11:00am – 6:00pm (w/lunch break). Families are invited to attend the 5:15pm film screening/discussion of the final 1-minute films.
- WHERE:** TAPA: Trinity Academy for the Performing Arts, 150 Washington St, Providence, RI 02903
- COST:** \$65 includes supplies, brown bag lunch plus 2 passes to see a film at the 10th Annual Providence Children's Film Festival on February 16-24. Payment plus completed ONLINE REGISTRATION APPLICATION, STUDENT FORM and MEDIA RELEASE forms are required. Space is limited and pre-registration is mandatory.
- CONTACT:** For more information, please contact Alyssa Biolchini/PCFF at alyssa@pcfri.org.

Sponsored by:



About Providence Children's Film Festival (PCFF): PCFF presents the best of independent and international children's cinema to inspire, delight, educate, and connect a diverse community of children and families from Rhode Island and throughout New England. The 10th annual Providence Children's Film Festival takes place February 15-28 at main venues within walking distance of downtown Providence and at satellite venues across Rhode Island, with over ten days of screenings, filmmaking workshops, conversations, activities and field trips that help deepen the film-watching experience. During the Festival, PCFF screens an average of 16 feature-length and 100 short films—including live-action, documentary, and animation—made by filmmakers from around the world. Films are selected for their compelling stories with a global perspective that challenge young audiences to better understand the world and see themselves reflected on screen. PCFF believes in providing enriching shared film opportunities for youth from an early age, inspiring and cultivating a new generation of filmmakers, storytellers, and engaged citizens. With PCFF Cinema Passports in hand, young filmgoers travel on the magic carpet of film, learning about other countries, cultures and people. To broaden the reach of our programming beyond February, PCFF has expanded and deepened collaborations with peer organizations in Rhode Island, including GiveMe5 and (TAPA) Trinity Academy for the Performing Arts.

Providence Children's Film Festival • PO Box 6724 • Providence, RI 02940 • www.ProvidenceChildrensFilmFestival.org • (401) 209-7585

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Location: (TAPA) Trinity Academy for the Performing Arts - 150 Washington St, Providence, RI 02903

2019 REGISTRATION APPLICATION *(Limited spaces. First-come first-served.)*

Please complete both forms and return (via mail, email or fax) with payment (check made out to “Providence Children’s Film Festival” or online with a credit card at www.ProvidenceChildrensFilmFestival.org). Acceptance notifications will be emailed.

Providence Children’s Film Festival • PO Box 6724 • Providence, RI 02940
email: alysa@pcffri.org voice: (401) 233-6688

PLEASE PRINT or TYPE NAME CLEARLY. *(One form per child.)*

YOUTH / STUDENT NAME: _____

Please specify age: _____ Grade: _____ School/Organization Name: _____

What types of filmmaking is the student interested in? (circle all that apply): **Live Action** **Animation** **Documentary**

Overall Filmmaking Skill Level: beginner:_____ intermediate:_____ advanced:_____ NOTE: Teams will be formed based on skill level.

Primary Skills (circle all that apply): **camera work** **writing** **acting** **directing** **editing**

• **Specify editing** (circle all that apply): **iMovie** **Final Cut Pro** **Premiere** **Other** (specify): _____

Has the student participated in a filmmaking or media program before?

PCFF workshop:___ Give Me 5 Film Lab:___ Other? (specify): _____

In school program:___ After school program:___ Please specify school.): _____

Anything we should know about the student’s experience/interest in filmmaking?

Lunch preference: _____ No dietary restrictions _____ Vegetarian _____ Will bring own snacks/lunch
Snacks and a brown bag lunch will be provided. Unfortunately, we cannot accommodate all diets. If this student has food allergies or a special diet other than vegetarian, please provide food from home.

PARENT / GUARDIAN CONTACT INFO: Name: _____

email: _____ cell phone: _____

Mailing address (Street / City / State / Zip): _____

Emergency contact name/cell phone: _____

I have filled out the following: _____ **REGISTRATION FORM** _____ **MEDIA RELEASE FORM** _____ **PAYMENT (Check enclosed or**

Credit Card # _____ **3-digit security code on reverse side** _____)

I (parent/guardian) understand that by registering (child’s name) _____ I am reserving a space for this youth to attend the event and understand that a place will be held for this child specifically. If this child is unable to attend, I will notify PCFF as soon as possible to make room for others to attend.

Student Signature (required) _____ **Date** _____

Parent / Guardian Signature (required) _____ **Date** _____

MEDIA RELEASE FORM (ATTACHED-REQUIRED): Videos produced during this Film Youth Lab will be used by the partnering producers (PCFF, Give Me 5 and TAPA) for the following purposes: education, promotion, publicity and research on the value of the Lab. Parents or guardians need to sign the enclosed **MEDIA RELEASE FORM** for their children’s work to be broadcast and for them to appear on screen while we film.

NOTE: *Facilities are wheelchair accessible.*

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2019 MEDIA RELEASE FORM

Required for participation in the 2019 PCFF GiveMe5 Youth Film Lab

Dear Parent/Guardian,

This release form enables your child to participate in the **PCFF Give Me 5 Youth Film Lab “Make a Minute Movie” Challenge**. We will be filming the Lab and the films created in the Lab will be broadcast and/or screened.

I, the undersigned, do hereby grant permission outlined below to the **PCFF Give Me 5 Youth Film Lab (producer)**. I have been informed and understand that the Producer is filming the Lab event for promotion and publicity, that students will be creating films.

1. I grant the Producer and its designees the right to use my child’s name, likeness, image, voice, appearance, and performance to be used, whether on film, photographs, audio tapes or other media for PCFF educational, and marketing purposes.
2. I also grant the Producer and its designees the right to broadcast, exhibit, market, and otherwise distribute the Products created by my child and his/her team at the **PCFF Give Me 5 Youth Film Lab**. This permission includes the right to use the products to promote or publicize the program for educational purposes. This permission includes without limitation the right to edit, mix, duplicate, use, or re-use the products in whole or in part.
3. I release the Producer and its designees from any and all claims known and unknown arising out of, or in any way connected with, the above granted uses.
4. I confirm that I have the right to give this permission, and am the parent or legal guardian for the student named.

I have read the above and agree to all the terms and conditions.

| | |
|--|--|
| Parent/Guardian signature | |
| Student name | Today’s date |
| Emergency contact name (write clearly) | Emergency contact cell phone (write clearly) |