

1. Describe who you are & something that you excel at or love doing.

4. You don't have to know how to make a film before you take this workshop, but do you have any experience in making artistic work in any medium? If so what?

2. What film have you recently seen that moved you or made you see the world a little differently?

5. What message do you have as a young LGBTQ person that the world needs to hear?

3. Do you have friends or family who will be in your film? What will they do?

7. Use a separate sheet of paper to describe the film you'd like to make. Include what the topic is on, who the characters are, where it will take place, & why this film is important to you. If there are 2 to 3 scenes you plan to shoot, describe them.



**Want to make a short film?  
workshop: July 5 to Aug. 16, 2011**

MIX NYC offers a free video workshop to lesbian, gay, bisexual, transgender, & questioning youth & young adults ages 14 to 24 yo. You will learn to write scripts, direct, operate a videocamera, compose a sound track, & edit. The final work is a unique short video that you put together. You don't need to have any filmmaking experienc. But you must have the passion to want to tell a story.

This workshop includes computer lab time, production shoots, & field trips. Classes are held at the Hamilton Fish Recreational Center in the Lower East Side of Manhattan every Tuesday from July 5 to August 16. By the end of the program, you will have a powerful set of digital media skills.

Please apply ONLY IF YOU CAN COMMITT to do ALL of the following:

- 1.) I will attend all 7 weekly Tuesday lab sessions for the entire 4 hours from 11 am to 3 pm
- 2.) I will spend 4 to 6 hours per week outside of the Tuesday class to meet with your mentor so you can shoot and edit your film.
- 3.) I will attend weekly Friday field trips (3pm to 7pm)
- 4.) I will complete a 5-7 minute film in 7 weeks
- 5.) I will attend the premiere of your film at the New York Queer Experimental Film Festival in Fall 2011.

Your Signature \_\_\_\_\_

Name:

Phone:

Email:

Address:

Date of Birth:

Age:

Sexual Orientation:

School:

Grade:

School Reference & his/her Email:

Your Parent or Guardian's income in 2010:

Emergency Contact's Name:

Phone:

Email:

**PARENT/GUARDIAN'S PERMISSION**

I hereby warrant that I am the parent or guardian of

\_\_\_\_\_,  
who is a minor (17 years old or younger). I have the authority to give permission for my child to attend a mixed-age workshop where (s)he will work alongside other lesbian, bisexual, gay, & transgender individuals in making a film that (s)he chooses. (S)he will attend classes at the Hamilton Fish Recreation Center in the Lower East Side in NYC on Tuesday from July 5 to Aug. 16, 2011. My child can also attend fieldtrips and film shoots where (s)he videotapes her own film & that of her/his peers. I give authority to MIX NYC & Parks & Recreation to attain necessary medical treatment for my child with the understanding that the Emergency Contact designated by him/her is notified as soon as possible. I hereby authorize MIX NYC to use my child's name, voice, &/or likeness in connection with MIX NYC.

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

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

**MAIL APPLICATION & YOUR FILM  
DESCRIPTION BY JUNE 15, 2011** to:

Hima B. // ADT  
P.O. Box 395  
NY, NY 10276-0395

email for help: [himab@mixnyc.org](mailto:himab@mixnyc.org)