

Photography Application

Name: _____

First Last

Current School Grade (if applies): _____

Class Selections (Please Mark)

1st session (\$170 fee)

- _____ Basic (9:30a - 11:00a)
 _____ Special Project (1:00p - 2:30p)
 _____ Special Project (5:30p - 7:00p)
 _____ Basic (7:15p - 8:45p)

2nd session (\$170 fee)

- _____ Basic (9:30a - 11:00a)
 _____ Special Project (1:00p - 2:30p)
 _____ Special Project (5:30p - 7:00p)
 _____ Basic (7:15p - 8:45p)

Participant or Parent/Guardian Information

Name: _____

Relationship to Participant: _____

Address: _____

City, State, Zip: _____

Parents' Email: _____

Main Phone: _____

Other Phone: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

I hereby release and discharge any and all claims for damages including personal or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the said event. This release is intended to discharge in advance The Town of Huntingdon, its offices, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks is to be binding on my errors and assigns. The Dixie Carter PAC, and/or The Town of Huntingdon have my permission to use my name, photograph, and film footage of me if they choose to do so. My signature below reflects that I have read and understand the entire registration form, liability release, parental consent and consent to treat forms, and agree to all of their terms and conditions.

Participant or Parent/Guardian Signature _____

Photography Scholarship Form

Scholarship for grades K-12th ONLY Parent Information

Father or Guardian: (please print) _____

Signature: _____

Home Address: _____

City, State, Zip: _____

Phone number: _____

Email: _____

Occupation: _____

Employer: _____

Annual Income: \$ _____

Mother or Guardian: (please print) _____

Signature: _____

Home Address: _____

City, State, Zip: _____

Phone number: _____

Email: _____

Occupation: _____

Employer: _____

Annual Income: \$ _____

Dependents (excluding applicant):

age	relationship	full or partial dependence

Do you own your own home or rent? _____

Without a scholarship, would the student be able to attend the class? _____

Amount of Scholarship requested: \$ _____

On a separate piece of paper, please answer the following questions and attach to registration form.

List student's areas of special interest. (school/extracurricular)

List student honors and/or special training.

What are the student's educational and career goals?

If you submit late or do not include the above questions your child will not be considered.

Scholarships will be considered each semester and awarded on the basis of financial need and merit. All personal information will be kept confidential by members of the scholarship committee. The committee looks forward to helping with this request. You will be notified by the 2nd class of decision.

The
Dixie
Fall 2017

Digital Photography Class



The Dixie Carter Performing Arts & Academic Enrichment Center
Home of The Hal Holbrook Theatre
191 Court Square, Huntingdon, TN 38344
731-986-2100 - www.dixiepac.net



The program is sponsored in part by a grant from the Tennessee Arts Commission.