

**Fifth Annual
Student Multimedia Festival
Competition
Theme: Explorations
Application Form**



Please Print Neatly:

Teacher's Name _____ Telephone _____

Teacher's Email _____ Home Phone _____

If Student Project, Student's Name _____

School _____

City _____ State _____ Zip _____

School Address _____

Grade Level Category (circle 1): Elem K-5 MS 6-8 Secondary 9-12

Media Category (circle 1): Computer Generated Video

Entry Category (circle 1): Subject Area Non-Subject Area

Instructional Objectives(s)/Purpose or Benefit _____

Explain your Exploration theme _____

Project Title _____

Entry Information: Indicate whether the person listed is a student (S) or teacher or other adult (T). Teacher help and encouragement to students is assumed and is acceptable.

Project created by _____ S T

Grade level(s) of student(s) _____ Number of Students involved in Project _____

If class project/multiple students, teacher may submit names & roles on additional sheets.

Computer Generated Entry: Application: (Check as many boxes as apply)

Platform: Mac _____ Windows _____ Dual Platform _____ (preferred)

Kid Pix _____ Power Point _____ Web Page _____ Other (name) _____

Video Generated Entry: VHS ____ CD ____ DVD ____ Time Length: _____

All entries: Please cite any music, video, or graphic sources: (additional pages may be added)

All Entries: This project or excerpts taken from it may be used in presentations or for instructional purposes and posted on-line, broadcast, or otherwise public performances.

_____ (initial)

Teacher's signature _____ Date _____

Principal's signature _____ Date _____

Forms & project must be submitted to:

Cynthia Ochoa

Las Vegas Day School

3275 Red Rock St.

Las Vegas, NV 89146

By: March 31, 2008

Contact Cynthia Ochoa on InterAct or at Cochoa@LVDS.com for up to date information or questions