



T.O.A.S.T. Summer Film Camp

Taught by Chad Weddle, Alec Bowling, Tim Combes, Jared Earland,
Shannon Sheridan, Sam Straley, & Joey Loebker

Who: Any student who is interested in film can apply. There is a 40-person limit to the camp, so sign up early and have your paperwork and deposit to Chad Weddle by April 15th. Once the workshop fills up, that will be it.

What: We will be engaging in the creation of four original 30-minute films. You will learn acting for the camera, production aspects, and have the overall experience of creating a real movie. There will be a showing of the film at the end of the camp in September. The workshop fee is \$250.00 per student. This fee goes toward production costs associated with making a film. **Please make your checks out to T.O.A.S.T. LLC.**

When: Screen Tests/Preproduction: 5/11, 5/13, 5/18, 5/20. 3-6 p.m.
Rehearsal and Final Production Aspects: 6/9, 6/10, 6/11. 2-5 p.m.
Shoot Dates: 6/15 – 6/20. Times are TBA depending on your film.

Where: Anderson Township Community Center & various locations near Anderson township. All locations at still pending and once we have solidified locations, we will make you aware of them and when we will be in said location and on which date and time.

Why: To make a movie of course! The purpose of the camp is to enhance the actor's skills in the arena of film. The actor with the largest skill set will often be the one who gets work professionally, so I am making this skill set available to actors in the area.

YOUR PERMISSION SLIP AND A DEPOSIT OF \$50.00 (minimum) IS DUE THURSDAY, APRIL 15th. THE BALANCE IS DUE ON MAY 4th.

We will be working in two teams to create four movies. You will be cast in one movie with a principle or supporting role, and then you will be on crew for the other movie. We will be hiring four directors and two DOP's to lead each team. Directors, DOP's, and movie synopsis' will be shared when they are selected.

If you are interested in submitting a screen play, please contact Chad Weddle with your pitch. The films will be one of three catagories: 30 minute short film (narrative), 20-25 minute television pilot, or 40-50 minute television pilot.

Production Staff

UPM – Unit Production Manager in charge of organization. (4 needed)

Cinematographer – In charge of filming the movie. (4 needed)

Wardrobe – In charge of designing and creating costumes. (4 needed)

Hair & Make-Up Designer – In charge of hair and make-up. (4 needed)

Props Designer – In charge of finding all props. (4 needed)

Key Grip – In charge of setting up all locations. (4 needed)

Gaffer – In charge of all lighting for the film. (4 needed)

Sound Designer – In charge of all sound aspects. (4 needed)

Location Scout – Finds and solidifies all locations for filming. (4 needed)

Personal Assistant – Assists the director and the crew in various ways (4 needed)

Additional Crew Postions

Each person involved in the camp will be on both sides of the camera in a small or large way. One major goal of the camp is teach teamwork and how to create a film with a small group of individuals who work together to accomplish our goals. Another goal is to give each student the most educational value by giving them mulitple roles to learn and accomplish.



Expectations for the Cast and Crew of Summer Film Camp

Being a part of the Summer Film Camp takes structure, discipline, and total commitment from the individual in order for the group to be successful. It also requires you to have fun, try new things, meet new people, and create a fantastic film. Our goal is to set the precedent for the following years, so that we may continue to make films in the summer. Now that you have made the commitment, the following expectations are asked of you.

1. This is not a school activity, however there will be no illegal activity tolerated. This includes the use of drugs or alcohol before, during, or shortly thereafter while participating in this film camp. No exceptions. This also includes the use of tobacco, even if you are of legal age.
2. You will respect every member of the cast, crew, and the adults who work on the productions including parent volunteers, professionals, and teachers who have taken time to help you learn the art of film. Gossip and rumors will not be tolerated. Please remember that we are all here for the enjoyment of the production. Everyone's feelings count, so please be kind to one another.
3. For the safety and accountability of each student, you will only be allowed in certain designated areas during preproduction and the days of the shoot. Students must remain in areas designated by the director. You may not leave the property at any time, unless given specific directions to do so. Also, you must respect all property at any location. Any damage done to the property, including filming equipment, will be the responsibility of the person who damaged it. SAFETY. NO INJURIES.
4. You will be fed at appropriate times and given water and snacks. You must clean up after yourself. Do not leave a mess. If you choose to bring any additional food or drink, you are responsible for recycling/throwing it away.
5. Attendance is critical to the success of this film. The rehearsal and shooting schedule does not allow for absence. There will be no (zero) unexcused absences allowed for the duration of the process. All absences must be submitted in writing 48 hours in advance to the director AND the UPM of the production. Tardiness is also not tolerated. Arrive 15 minutes prior to all call times. Do not let attendance be an issue. Clear communication is the key! Also, all actors must arrive with hair and make-up done. Do not alter or change your hair during the entire process of the filming. It will ruin any continuity we want to achieve. This includes extreme tanning and tattoos.

**ANY INAPPROPRIATE BEHAVIOR THAT HAS BEEN LISTED ABOVE MAY
AND WILL LEAD TO REMOVAL OF A STUDENT FROM A PRODUCTION. DO
NOT LET YOUR BEHAVIOR AFFECT THE PERFORMANCE OR COMPANY IN A
NEGATIVE MANNER.**

This form must be completed and returned to Chad Weddle by May 11th, 2015.

I, _____, will abide by the rules set forth as
“Expectations for the Summer Film Camp.”

Please sign above statement.

Student Information

Name: _____

Phone Number Home: _____ Cell: _____

E-Mail address (print clearly) _____

Parent/Guardian (if under the age of 18)

Name: _____

Phone Number Home: _____ Cell: _____

E-Mail address (print clearly) _____

Parent Signature: _____

Conflicts for Film Camp

Name: _____ **Cell:** _____

Please fill in the following form as accurately as you can. This will become the shoot schedule. You must contact us immediately if you have additional conflicts.

DATE	CONFLICT TIME	REASON
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(5/11) Monday:

(5/13) Wednesday:

(5/18) Monday:

(5/20) Wednesday:

(6/9) Tuesday:

(6/10) Wednesday:

(6/11) Thursday:

(6/15) Monday:

(6/16) Tuesday:

(6/17) Wednesday:

(6/18) Thursday:

(6/19) Friday:

(6/20) Saturday: (Possible additional shoot day)

Rest of Summer: For any re-shoots and when you are leaving for college, for the sharing(s) of our films.



TOAST Summer Film Camp

Medical Information Form



Emergency Contact: In case of emergency, please contact:

Parent Name: _____ Home Phone: _____ Cell Phone: _____

Parent Name: _____ Home Phone: _____ Cell Phone: _____

If a parent cannot be reached, please contact:

Name: _____ Daytime Phone: _____

Relationship to student: _____

Immunizations: ☐ All immunizations are up to date.

☐ All immunizations are up to date EXCEPT those marked below:

☐ DPT ☐ Measles/Mumps ☐ TB ☐ Polio ☐ Tetanus ☐ Hepatitis

Allergies: Please list any allergies this student has: _____

☐ Student carries/can use an EpiPen.

Medications: Please list all medications currently being taken: ☐ Student is NOT currently taking medication.

☐ I give permission for the above listed medication(s) to be administered by the Camp Nurse. (Medications must be sealed in their original container, with written dosing instructions, and given directly to the camp nurse or a camp Director.)

Medical Conditions: List any medical conditions requiring special needs: _____

List any serious illness or recent operation that might impact the student's participation in camp activities: _____

Insurance Information: Is the student covered by family medical/hospital insurance? ☐ Yes ☐ No

If yes, provide insurance information: Carrier/Plan Name: _____

Group # _____ Insurance ID Number: _____

Name of Insured: _____ Relationship to student: _____

Parent/Guardian Permission and Consent to Treatment: The above named student is in good physical condition and has had a physical examination in the past 12 months. He/she has my permission to attend camp and participate in all activities except those noted above. This health history is correct to the best of my knowledge.

In the event that reasonable attempts to contact me at the provided phone number(s) have been unsuccessful, I hereby give consent to the administration of emergency treatment by any licensed physician or dentist and to the transfer of the student to any reasonably accessible hospital facility. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are first obtained.

Signature of Parent or Guardian: _____ Date: _____



TOAST Summer Film Camp

Minor Participation Agreement



I/We the undersigned parent(s) or legal guardian(s), give permission for my child(ren) to participate in the 2014 Summer Film Camp program ("Program") offered by Tree Of All Seasons Theatre, LLC ("TOAST"). I understand that the Program may involve various activities including, but not limited to, physical activities, work with film and other equipment, and participation at multiple locations, both indoors and outdoors. Locations may include Anderson Center, local school campuses, parks, and private residences. I recognize that certain risks are inherent in the Program's activities and, for and on behalf of myself, my spouse and my child(ren), specifically assume and accept all risks of the Program's activities and give my permission for my child(ren) to participate in any or all of the Program's activities with the full understanding that the Program may include activities and locations not specifically set forth in this Agreement.

From time to time, the Program will take place at multiple locations during one session. I understand that I am responsible for the transportation of my child(ren) to/from/and during the Program sessions.

If there are any activities, physical or otherwise, that I do not wish for my child(ren) to engage in, I agree to advise TOAST in writing. Further, if there are any locations, indoors or outdoors, at which I do not wish for my child(ren) to participate, I agree to advise TOAST in writing. Additionally, I have completed a Medical Release/Permission form on behalf of my child(ren) and have fully advised TOAST of any and all medical conditions, allergies, and physical restrictions.

Further, I, for and on behalf of myself, my spouse, my child(ren), and our heirs and next of kin, release and forever discharge and agree to indemnify and hold harmless TOAST, its members, officers, directors, employees, agents, successors and assigns, from any and all claims, demands, actions, costs, expenses, causes of actions, damages or liability arising out of, or in any way related to, my child(ren)'s participation in the Program or any of the Program's activities, including, but not limited to, claims, demands, actions, costs, expenses, causes of action, damages or liability caused or alleged to be caused by the negligent acts or omissions of TOAST or any of its members, officers, directors, employees, agents, successors and assigns.

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Relationship: _____

Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Relationship: _____

Printed Name: _____ Date: _____