



## REGISTRATION PAYMENT FORM FOR 10 DAY FILM PARTICIPATING SCHOOLS

ACTIVITY	<b>10 DAY FILM CHALLENGE</b>
School Name	
Teacher Name <i>1 per school only</i>	
State of school	
Year of Participation	
Your Challenge Dates	
Official school address City, State, Zip	
Telephone	
Fax	
E-mail	
Number of films to be made <b>\$100 per film required</b> <small>*refunds for unsubmitted films will be issued upon request</small>	<b># of films _____ x \$100 = _____ (total due)</b>
Fee Waiver Requested?	<b>Yes</b> <b>No</b>
Reason for Waiver Request*	
Other Comments* <small>Or attach separate sheet</small>	

Please return this registration form **and payment of \$100 per film to:**

Arts Equality  
1804 Orchard Drive  
Williamstown, NJ 08094

[www.artsequality.org](http://www.artsequality.org)

[info@tendayfilm.org](mailto:info@tendayfilm.org) for details and waiver request information

*\*schools may apply for waiver due to socio-economic status of students and school or choose to participate in 10 Day Film Challenge sponsored fundraising events.*