



DIGITAL VIDEO CAMP

With Mr. Banco

As well as:
Web design
3D Cad

July 20 -24

(for kids entering gr 6-8)

Room: H.S. East-computer lab between room 115 and 116.

Instructor: Mr. Banco – tech teacher at shen

Fee: \$175 / week 9-3pm (this breaks down to \$5.83 per hour before taxes)

Registration is limited to the first 20 campers per week

Become the envy of your friends and family by creating professional looking video clips. Use a digital camera to shoot video and then edit the clips by adding special effects, transitions and sound. When your video productions is completed burn them to a CD, e-mail them to a friend or better yet post them on your own web site. You can learn to do all this and more. **Please see list of recommended/optional equipment below:**

Campers will explore AutoDesk Inventor by creating 3D solid models with animations. Add to that learning how to create you own web page and you get one fun filled and educational week for campers.

Recommended equipment list: (with parental permission)

Digital VIDEO camera (mini DV tape type or Hard Drive type)

Digital camera for pictures/images

Tape for recording footage

USB drive/flash drive

One CD

Lunch each day

REGISTRATION FORM

Course

Day(s)

Time

Fee

Starting Date

Session#

Name

Address

City

Zip code

Phone(Daytime/cell)

(Home)

Form must be completely filled out.
Make checks payable to:
Shenendehowa Central School

Send to:

**Community Education Dept.
HS West-970 Route 146
Clifton Park, NY 12065**

Complete health
form on back

SHEN SUMMER ADVENTURES HEALTH FORM

Please complete the following form and submit with your registration for any of our Shen Summer Adventures Camps. We require only one medical form per child.

Name _____ Grade Entering _____

What school did your child attend last year? _____

Address _____

Birthdate _____

Camp Name(s) & Week Attending _____

Parent/Guardian _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Emergency Contact
Person _____ Phone _____

Does the student require an aide during the school year? Yes ___ No ___

*Daily Medications _____

If medication is to be given during Shen Summer Adventures, we must have written permission from the parent and the physician. **The medication must be in the original prescription container.*

Please indicate any other health concerns _____

Student's Physician _____ Phone _____

If the student will be picked up by someone other than the above mentioned parent/guardian please submit the name of that person below.

Name _____ Phone _____

Comments: