



# THREE RIVERS 48-HOUR STUDENT FILMSLAM

## School Information

School \_\_\_\_\_

Mentor (if applicable) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

## Team Member 1

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

## Team Member 2

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

## Team Member 3

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

### Team Member 4

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Team Member 5

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Team Member 6

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Team Member 7

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Email \_\_\_\_\_

Please send this form by mail or email to:

Franklin Opera House PO Box 172 Franklin, NH 03235  
Email: [Director@franklinoperahouse.org](mailto:Director@franklinoperahouse.org)

