

Digital Arts Contest  
SUBMISSION FORM

Please make sure a submission form is filled out and submitted with each team or individual's contest entry.

**PART A**

Name of Boys and Girls Club: \_\_\_\_\_  
Unit (if applicable): \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_  
Supervisor's email address: \_\_\_\_\_

This is a(n)  individual submission  team submission

**PART B – Who you are**

Complete the following sections with information about each team member. In the "bio" section, tell us things like how long you've been a Club member, what you like to do at the Club.

**#1** Name: \_\_\_\_\_ Age: \_\_\_\_\_

Number of years at Club: \_\_\_\_\_ Favorite Club Programs/Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My photo is:  enclosed  on CD

My favourite part of this project was: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**#2** Name: \_\_\_\_\_ Age: \_\_\_\_\_

Number of years at Club: \_\_\_\_\_ Favorite Club Programs/Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My photo is:  enclosed  on CD

My favourite part of this project was: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continued...



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#3 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Number of years at Club: \_\_\_\_\_ Favorite Club Programs/Activities:

My photo is:  enclosed  on CD

My favourite part of this project was: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Number of years at Club: \_\_\_\_\_ Favorite Club Programs/Activities:

My photo is:  enclosed  on CD

My favourite part of this project was: \_\_\_\_\_

**PART C – The process**

What did you (or your team) learn? (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Teamwork                               | <input type="checkbox"/> Decision Making | <input type="checkbox"/> Information about the subject |
| <input type="checkbox"/> Storyboarding                          | <input type="checkbox"/> Acting          | <input type="checkbox"/> Directing                     |
| <input type="checkbox"/> Editing Video                          | <input type="checkbox"/> Adding Music    | <input type="checkbox"/> How to use a camera/webcam    |
| <input type="checkbox"/> How to use software (MovieMaker, etc.) |  |  |
| <input type="checkbox"/> Other (please explain): _____          |  |  |
| <input type="checkbox"/> Other (please explain): _____          |  |  |
| <input type="checkbox"/> Other (please explain): _____          |  |  |



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