



A service of the City of Midland

1710 W. St. Andrews St.  
 Midland, MI 48640  
 Phone: (989) 837-3474  
 Fax: (989) 837-3478

**STAFF USE ONLY**

Today's Date:

Receipt #:

Staff Initials:

Orientation Certification Date:

Camcorder Certification Date:

Facil Date/Initials:

**WORKSHOP APPLICATION**

**Per the City of Midland's Code of Ordinances, in order to take MCTV training, an applicant must:**

- Be a resident of the City of Midland or Midland County, or work for a non-profit Organization based in the City of Midland or Midland County. **PICTURE ID REQUIRED FOR PROOF OF RESIDENCY.**
- Abide by the **RULES AND REGULATIONS** of MCTV.
- If under 16 years of age, have a parent/guardian take training with you.
- If 16–18 years of age, have a parent/guardian sign the application.
- Pay a NON-REFUNDABLE \$20 workshop fee.

**SELECT DESIRED WORKSHOP (FEE INCLUDES ONE ORIENTATION/STUDIO AND ONE DVCAM/EDITING)**

<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun
<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

**APPLICANT INFORMATION**

Name:

Organization (if any):

Street Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work Phone:

(Ext):

Email Address:

Age Group (circle one):

15 or under      16-17      18-29      30-39      40-49      50-59      60 or older

**EMERGENCY CONTACT INFORMATION (LIST ONE IN HOUSEHOLD AND ONE OUTSIDE HOUSEHOLD)**

Name (contact 1):

Relationship:

Home Phone:

Cell Phone:

Work Phone:

(Ext):

Name (contact 2):

Relationship:

Home Phone:

Cell Phone:

Work Phone:

(Ext):

**I HAVE RECEIVED/READ THE RULES & REGULATIONS OF MCTV, AND I WILL ASSUME FULL LEGAL AND FINANCIAL RESPONSIBILITY FOR THE USE OF MCTV FACILITIES, EXCEPT FOR ORDINARY WEAR AND TEAR. NEGLIGENT HANDLING OF THE EQUIPMENT WILL RESULT IN FORFEITURE OF FUTURE EQUIPMENT USE.**

Signature:

Date:

Guardian Signature:

Date:

Fill out application and submit along with the NON-REFUNDABLE \$20 fee (checks payable to City of Midland)

to: **MCTV Network ♦ 1710 W. St. Andrews ♦ Midland, MI 48640**

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