FILM IMMERSION PROGRAMME
REGISTRATION FORM

Contact Information

Name _____

School _____

Department _____

Email _____

Contact Number _____

Kindly indicate your interest by ticking the respective boxes:

☐ **IMMERSE – School Talks**

Duration Preference

☐ 30 min

☐ 50 min

Timing Preference

☐ Morning Assembly (~8am – 9am)

☐ Curriculum Period (~10am – 12noon)

☐ After School (2pm onwards)

VOLUNTEER – Volunteer Opportunities

☐ I'm interested, please contact me to follow up.

EXPERIENCE – Attend the Festival

☐ I'm interested, please contact me to follow up.

Are there any other school related programmes we can be involved in?

☐ Career Fair / Recruitment Drive

☐ Arts Elective Programme

☐ Related CCA groups

☐ Open House

☐ Others: _____

Do you have any suggestions for the Film Immersion Programme:

Would you like to join our mailing list to receive latest updates on SGIFF youth-related programmes?

☐ Yes, please !

☐ No, thank you!