Congratulations,

You have been selected to be part of the production team for Leicester’s own Star Wars movie. Please refer to the following information to understand your role on the production team better:

**Film Crew**: Students on the film crew will man the camera, shooting various scenes throughout the movie. Students will also document and record the movie making process.

**Sound Engineer**: The sound team will be responsible for helping make and record sounds and audio for the film.

**Lighting Technicians**: The lighting team will help to ensure proper lighting is in place for filming throughout the movie. They will manage equipment and inform the producers which locations are ideal for shooting.

**Droid Team**: 7th grade students familiar with coding the Vex Robotics will be charged with developing three moving prop droids to use throughout the film.

**Makeup and hairstylist**: Students will use their skills to create Star Wars-like characters using various makeup techniques.

**Costume Design**: Members of the costume team will develop costumes for the movie.

**Artistic Production**: Members of the Artistic Production team will develop props and sets for the movie.

You are not required to spend money or provide anything for the movie other than your dedication, time and hard work.

Please feel free to contact Mr. DePace with any questions:

Cell: 413-668-8962
Email: depacej@lpsma.net

As part of the production team you will be exposed to top secret material that can not be discussed outside of the production of this movie. Please sign on the line below to acknowledge that you promise not to discuss any of the movie plots with anyone who is not part of the movie team.

*Your Signature* ________________________________

Print your name here ________________________________

As part of the production team you may be required to stay at the school until you are no longer needed or until filming finishes. This may be as late as 7:00 or 8:00pm during the week. A more detailed schedule of dates and times will be provided at later date.

**Parent/Guardian**

By signing below you give permission for your son or daughter to stay after school when they are needed.

*Parent/Guardian Signature* ________________________________

Phone # ________________________________

Email address ________________________________