

Grizzly Digital

Graphic Design 1-2 Graphic Design 3-4

Photography 1-2 Photography 3-4

Period: 4

Name: David Gomolka

Birthday: 06 / 16
(month) (day)

Student ID#: 65011109

email address: _____



A little more about me:
I like to really use my imagination when I use photoshop or illustrator.

A Few of my favorite things...

Candy Bar: Twix

Cold Beverage: Lemonade

Collectible: Vinyl Records

Dessert: Mint Ice Cream

Dinner Entree: Lasagna

Fast Food: In-n-out

Flower: Poppy

Fruit: Peach

Hot Beverage: Hot Chocolate

Magazine: N/A

Movie: Wrong

Munchies: Lays Potato Chips

Music: RL Grime

Way to Relax: Meditate

Vacation Location: Europe

Vegetable: Carrots

Cartoon: Regular Show

Supperhero/Power: Telekenesis

Sport N/A

Sports Team: N/A

Video Gaming System Nintendo Entertainment System

Video Game Silk Worm

Check Classes you've had at MHHS

- Computer Graphic Design 1-2
- Computer Graphic Design 3-4
- Digital Photography 1-2
- Digital Photography 3-4
- General Computing (Microsoft)
- Other Classes (list) _____

Software Expertise:

(Check 1-5. 5 is very proficient)

	1	2	3	4	5
Photoshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Illustrator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
InDesign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrobat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS PowerPoint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a cell phone? Yes No

Does your phone have a camera? Yes No

Do you have a SmartPhone? Yes No
what's the number? (for class purposes only)

Do you have a computer at home?
 Yes No

Do you have internet access at home?
 Yes No

Do you have a website/blog?
 Yes No

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