

Short Film Entry Form
(Please Print)

Name of Entrant (or name of group): _____

Name of person representing the group: _____

Title of representative _____ Number of persons in the group: _____

Entrant's Information (for group entries provide representative's information):

Age: _____ **Date of Birth:** _____ **Sex (Optional)** M___ F___

Address: _____

Phone: _____ **Email:** _____

Name of School (if representing a school): _____

Name of School/Team Supervisor: _____

Phone: _____ Email: _____

Film Information:

Title: _____

Brief Synopsis: _____

Film Genre: Narrative Fiction ___ Documentary ___ Animation ___ Art ___ Experimental ___ Other ___

Length: Minutes _____ Seconds _____ **Original Format:** Film ___ Video ___ Computer Graphics ___

Final Format: CD ___ DVD ___ **Sound:** Mono ___ Stereo ___ No Sound or Music ___

Production Tools Used (Camera, Hardware, Software, etc.): _____

Owner of the Copyright: _____

I have read, understand and agree to the rules and regulations of this competition.

Signature of Entrant: _____ **Date:** _____