



ENTRY FORM

GENERAL INFORMATION ON THE FILM

ORIGINAL TITLE _____

ENGLISH TITLE _____

FICTION DOCUMENTARY EXPERIMENTAL MUSIC VIDEO COMMERCIAL

RUNNING TIME _____ MINUTES COLOR B/W

COUNTRY OF PRODUCTION _____ YEAR OF PRODUCTION _____

INFORMATION ON THE AUTHORS

DIRECTOR / FIRST NAME, LAST NAME _____

YEAR OF BIRTH _____

ADDRESS _____

PHONE / FAX _____ E-MAIL _____

SCREENWRITER / FIRST NAME, LAST NAME _____

CINEMATOGRAPHER _____

ACTORS _____

YOUR PHOTO
600x600px / color or B/W

This is only optional and will be used for our promo materials only.

INFORMATION ON THE PRODUCER

TITLE OF PRODUCTION _____

PRODUCER / FIRST NAME, LAST NAME _____

ADDRESS _____

PHONE / FAX _____ E-MAIL _____

