



Filmmaker Information (please print or type)

Name _____
Address _____
Postal/Zip Code _____
Telephone _____
Email/Website _____

School or Company _____
Address & Phone of School or Company _____

How did you hear about us? _____

Entry Information:

I am entering as ___Professional ___Student/Amateur (15 and up) ___ (Students please include picture of student ID)

Title of Entry _____
Brief Synopsis _____

Running Time _____ Year Completed _____

Category (Circle One)

Feature Documentary Short Animation For Children By Children (14 & under)

Production Credits (Fill in appropriate information)

Director _____
Producer _____
Screenwriter _____
Cinematographer _____
Editor _____
Music Composer _____
Main Cast _____

Authorization:

As the authorized representative for the above-mentioned film, I accept the conditions described on this entry form. By submitting my film to Real to Reel Film Festival, I grant R.R.F.F. rights to use it for promotional purposes.

Signature: _____ Date: _____