

ENTRY FORM

2015 BAWIFM SHORTS SHOWCASE

CONTACT INFO

Name:

Address:

Email:

Website:

Home phone:

Cell phone:

Are you a BAWIFM Member? YES NO

Are you a member of Chicks-Chat? YES NO

ENTRY INFO

Title of Film:

Running time (MUST BE 35 MINUTES OR LESS):

Director:

Editor:

Completion Date:

Production Format: (please circle one) 35 mm 16 mm Digital/Video

If Other, please specify:

Premiere: If accepted, will the BAWIFM screening be a premiere? Yes No

How are you affiliated with the film? (Actor, agent, cinematographer, editor, producer, writer, director, other?)

List all Screenings/Festivals/Awards, if any: (Please write on the back if you need more room.)

AGREEMENT: *(This section must be completed and signed or the entry will not be accepted.)*

1. I am authorized to submit this film to the screening.
2. All information provided on submission form is true.
3. If the film is selected for the screening, I give permission to BAWIFM to use images, sounds, and excerpts from the work for promotional purposes in all media and on BAWIFM website.
4. If the premiere status of my film changes, I will notify BAWIFM immediately.
5. The filmmaker (name _____) is responsible for music and archival rights.
6. This agreement constitutes approval that BAWIFM may present the film as part of the 2013 Shorts Showcase Program.

Name: _____

Title: _____

Signature: _____

Date: _____