



SUBMISSION FORM

NAME: _____

ADDRESS: _____

CITY: STATE/ PROVINCE: _____

ZIP CODE: COUNTRY: _____

PHONE: _____

CELL: _____

E-MAIL: _____

WEBSITE: _____

FILM TITLE: _____

DIRECTOR: _____

CATEGORY: (circle one)

- COMEDY FICTION
- DRAMATIC FICTION
- DOCUMENTARY
- ANIMATION
- EXPERIMENTAL

RUN TIME _____

YEAR COMPLETED _____

WILL THIS BE A PREMIERE? _____

WHERE HAS THIS FILM SCREENED BEFORE? (list last 3, if any) _____

BRIEF SYNOPSIS OF FILM

BRIEF BIO OF FILMMAKER(S) _____

WHERE DID YOU HEAR ABOUT OUR FESTIVAL? _____

Filmmaker Consent

I have read, reviewed, and understand all the information associated with this form and the Taos Shortz Film Fest. I attest that I have obtained all proper permissions and waivers from those who collaborated on my work. Those collaborators have also been fully and properly credited either on the work itself, or on a separate sheet attached to this form. I agree to hold Taos Shortz Film Fest free of liability for the statements and information I have submitted both on this form and on the work itself. I also attest that this work contains no distribution agreements, assigned rights, production deals, or any other agreements that may prohibit the showing or screening of this work to the public based upon the parameters of the Taos Shortz Film Fest 2011. Also, Taos Shortz will not be held responsible for any loss or damage to the submitted work. **DO NOT SEND ORIGINAL MATERIAL!**

NAME

DATE

ENTRY CHECKLIST (PLEASE CHECK)

- Completed & signed submission form
- DVD (NTSC or PAL) for screener copy
- Press kit if available. EPK preferred
- Entry fee
- Copy of student ID (if student submission)