



APPLICATION FORM



FILM TITLE _____

LENGTH _____

PRODUCTION YEAR _____



TYPE _____

DOCUMENTARY

FICTION

ANIMATION

OTHER _____



ORIGINAL FORMAT _____

COLOR

B/W

SOUND

SILENT

VHS

Hi 8

BETACAM

U-MATIC

DIGITAL

16mm

35mm

OTHER _____



DIRECTOR _____



ADDRESS _____

TELEFON - E-MAIL _____

UNIVERSITY - DEPARTMENT _____

CLASS - YEAR OF GRADUATION _____



WRITER _____

DIRECTOR OF PHOTOGRAPHY _____

CAST _____



CAMERA _____

EDITING _____

SOUND _____

MUSIC _____



PRODUCER _____

DISTRIBUTOR _____

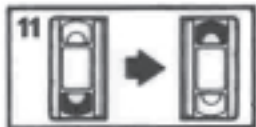
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FESTIVALS, COMPETITIONS, SCREENINGS _____



AWARDS _____



NOTES _____



I declare that all the information above is correct, and agree to the conditions of the festival.

NAME _____ SIGNATURE _____ DATE _____

