

ZOMBIE SHORT FILM FESTIVAL

ENTRY FORM

ALL FILMS ENTERED MUST BE THE PROPERTY OF THE ENTRANTS.

NAME: _____ AGE: _____ EMAIL: _____

MAILING ADDRESS: _____

PERSONAL WEBSITE: _____

HOW ARE YOU CHOOSING TO PAY THE \$20.00 ENTRY FEE?:

PAYPAL CHEQUE MONEY ORDER

SEE WEBSITE FOR ENTRY FEE PAYMENT DETAILS.

YOUR CREDITS ON THIS FILM: _____

OTHER MAJOR COLLABORATORS: _____

FILM TITLE: _____ RUNNING TIME: _____

PLEASE DESCRIBE YOUR FILM IN ONE SENTENCE:

WHAT FORMAT DID YOU SHOOT ON?: _____

CAN YOU ATTEND THE FESTIVAL IN TORONTO ON
OCT 30 2009?: _____

WE ASSUME NO OWNERSHIP OF ENTRIES. YOUR FILM BELONGS TO YOU. BY SIGNING THIS ENTRY FORM YOU ARE GIVING US PERMISSION TO PUBLICLY SCREEN YOUR FILM (IF SELECTED) ON OCT 30, 2009 AND STREAM IT ON OUR WEBSITE FOR AS LONG AS WE CHOOSE. THE ZOMBIE SHORT FILM FESTIVAL RESERVES THE RIGHT TO USE FOOTAGE FROM YOUR FILM FOR PROMOTIONAL PURPOSES.

PLEASE ENSURE THAT YOU INCLUDE THIS FORM WITH YOUR ENTRY. DVDS CANNOT BE RETURNED. REFER TO OUR WEBSITE FOR DVD FORMATTING AND PAYMENT INSTRUCTIONS.

SIGNATURE _____

DATE _____

