



ENTRY FORM

Deadline: Monday 3rd May 2010

Early bird entry discount \$10 by Thursday 31st Dec 2009

FILM TITLE – (This the name you would like to be referred by the festival)		
PRODUCER / DIRECTOR CONTACT DETAILS: <input type="checkbox"/> Producer <input type="checkbox"/> Director		
FULL NAME	DOB:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COMPANY /SCHOOL NAME (Enter school name only if film is a whole class entry)		
ADDRESS:		
POSTAL (IF DIFFERENT)		
OFFICE PHONE NO:	HOME PHONE NO:	MOBILE:
EMAIL: (MANDATORY FOR ENTRY)		
FILM DETAILS		
FULL FILM TITLE:		
RUNNING TIME:(INCLUDING CREDITS)	BUDGET:	CATEGORY: <input type="checkbox"/> Sharpies 18 years and older <input type="checkbox"/> Senior High School Year 11 & 12 <input type="checkbox"/> Junior High School Year 7 - 10 <input type="checkbox"/> Primary School Age <input type="checkbox"/> Drama <input type="checkbox"/> Doco <input type="checkbox"/> Animation
SYNOPSIS:(100 WORDS OR LESS)		
TIME CODE OF SIGNATURE ITEM - <input type="checkbox"/> Audio <input type="checkbox"/> Image e.g. 01.05.00 mins) ---.---.---		
CREW		
PRODUCER		
DIRECTOR		
WRITER /S		
SOUND		
CAMERA		

EDITOR (SYSTEM USED)	
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CAST (Lead Actor/s)	CHARACTER

TELL US ABOUT YOU AND YOUR CREW

(Attach a separate sheet if needed) This information may be used in the program or online. Please describe your previous experience, development of film concept, any problems you had and how you handled them. We may edit if needed to fit. Please provide any production stills you may have for use in publicity.

HOW DID YOU HEAR ABOUT THE FESTIVAL?

Newspaper Magazine Web E-news TV Friend School Other

MEDIA RELEASE (Mandatory)

If selected I agree to have my contacted details passed on to the media:

AGREE:

DECLARATION (Mandatory)

The producer and director of this entry agree that they have abided by the guidelines and conditions for Short Sharp Film Festival Inc. Film Festival and that all information on this entry is true. (Signature by adult/parent for children under 18 years of age)

PRINT NAME – PRODUCER/DIRECTOR

SIGNATURE

DATE

(Signature by the person who has the legal right to enter the film in the competition)

OFFICE USE ONLY

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ENTRY NO	RECEIVED	VIEWED
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CHECK LIST

- Completed and signed application form
- Check or money order for **\$10 (early bird)**
- Check or money order for **\$20**
- Production stills in JPG format if possible for use in publicity
- 2 copies** of your DVD clearly labelled with film title and your name.
- Clearly marked envelope to: **JANISON SHORT SHARP FILM FESTIVAL 2010**
PO Box 2547, Coffs Harbour, NSW 2450