



CINEYOUTH submission form for GROUP/SCHOOL/ORGANIZATION

Film title: _____

Length (including credits): _____ Date of Completion: _____

Category (check all that apply):

DOCUMENTARY PUBLIC SERVICE ANNOUNCEMENT COMEDY

EXPERIMENTAL ANIMATION DRAMA HORROR MUSIC VIDEO

GROUP/SCHOOL/ORGANIZATION INFORMATION (Use this section to provide information about the group leader, teacher or mentor for the film. This person will be contacted about film acceptance into CineYouth.)

First name: _____ Last name: _____

Group/School/Organization: _____

Street address: _____

City: _____

State _____ Zip: _____

Contact phone: _____

Email: _____

FILMMAKER INFORMATION (Use this section to list the name(s) of the student filmmaker(s) involved in the project. Use additional paper if necessary.):

First name: _____ Last name: _____

Email: _____ Age (at time of film completion): _____

First name: _____ Last name: _____

Email: _____ Age (at time of film completion): _____

First name: _____ Last name: _____

Email: _____ Age (at time of film completion): _____

First name: _____ Last name: _____

Email: _____ Age (at time of film completion): _____

First name: _____ Last name: _____

Email: _____ Age (at time of film completion): _____

First name: _____ Last name: _____

Email: _____ Age (at time of film completion): _____

Provide a brief synopsis of the film:

PERMISSION: By entering your work into Cinema/Chicago's CineYouth Festival, you attest that you hold the rights to this work and that you give permission for it to screen at the 2011 CineYouth Festival, and be used in any Cinema/Chicago promotional/programming materials.

Applicant signature: _____

Parent/teacher/guardian signature: _____
(if applicant is under 18)