



**Festival Submission form for GROUP/SCHOOL/ORGANIZATION**

**GROUP/SCHOOL/ORGANIZATION INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School/Organization: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**FILMMAKER INFORMATION**

*You must choose one filmmaker to be the Festival contact. Please list all additional filmmakers underneath. Use additional paper if necessary. \* The first name that appears on this form will be considered the official contact for this film.*

\*Name: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Film Title: \_\_\_\_\_

Length: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

**FILM INFORMATION**

Category: *(Check all that apply)*

DOCUMENTARY  PUBLIC SERVICE ANNOUNCEMENT  EXPERIMENTAL  
 ANIMATION  COMEDY  PERSONAL ESSAY  DRAMA  MUSIC VIDEO

Describe Your Film: *(Please use additional paper if necessary)*

**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 2010 Festival, its Education Outreach screenings, and to be used by event sponsors. You furthermore grant Cinema/Chicago's CineYouth Festival the right to use excerpts or stills from your work to promote the Festival to the public.

Applicant Signature: \_\_\_\_\_

Parent/Guardian Signature *(if applicant is under 18)*: \_\_\_\_\_