



Festival Submission form for INDIVIDUAL project

FILMMAKER INFORMATION

First Name: _____ Last Name: _____

School/Organization: _____ Age: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

ADDITIONAL CREDITS

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)*: _____