

Mid America Filmmakers Winter 2010 Screening
www.midamericafilmmakers.org

ENTRY FORM

Film Title: _____
Running Time: _____ (30 min and less preferred) Year of Completion: _____ (2008 and later)

Film Type (check all that apply):

Narrative__ Documentary__ Music Video__ Experimental __ Animation__ Student Project__

20-30 word synopsis of your film:

Original format (what you shot the film on): 35mm ____ 16mm Super 8 ____ Video (1/2', Beta, other)____ Digital Video ____ Other____

You must submit high-quality copies on DVD.

Director: _____

Previous Screenings/Festivals/Awards:

How did you find out about the screening? _____

Who you are:

College Student ____ High School Student ____ Other ____

Contact Information:

Name: _____ Connection to the film (actor, producer, etc.): _____

Address: _____ City: _____

State/Country: _____ ZIP: _____

Phone : _____ Email: _____

DEADLINE: JANUARY 4, 2010.

Submissions MUST be on DVD. You may submit as many films as you wish. Send completed application, entry fee, a copy of your film and a press kit (synopsis/stills) to:

Mid America Filmmakers
P.O. Box 6065
South Bend, IN 46660-6065

Make sure your name, film title and contact information is clearly marked on the video and other materials. Be sure to sign the release on page 2.

Release

I verify that I hold all the necessary rights and copyright clearances for the submission of this film to the Mid America Filmmakers Winter 2010 Screening I acknowledge this is a screening, not a competition, and the selection of my film into the screening will be determined solely by the screening committee. Excerpts from my film may be used for the purposes of promoting the screening through any media.

Signed _____ Dated _____