



WALLABOUT FILM FESTIVAL

SUBMISSION FORM MUST
BE POSTMARKED
BY APRIL 5, 2010

ENTRANT INFORMATION

Name _____

Date of Birth _____

Address _____

E-mail Address _____

Phone _____

Website _____

School/Institutional Affiliation _____

Please provide a brief description of yourself as a filmmaker _____

FILM INFORMATION

Film Title _____

English Title (Foreign language films) _____

Date of Film's Completion _____

Run Time (Must be under fifteen minutes) _____

Format _____

Aspect Ratio _____

Brief Synopsis of Film _____

Has this film previously been screened in any other festivals? If so, please specify below _____

Has this film previously received any other awards or accolades? If so, please specify below _____

If you would like to provide any additional information about yourself or your submission, please do so here _____

Premiere Information Category (Best Fit)

WORLD FICTION OTHER

NORTH-AMERICA NON-FICTION

EAST COAST ANIMATION

Mail DVD of submission with this completed form to:

Wallabout Submission Committee
 Dekalb Hall, Office 315
 Pratt Institute
 200 Willoughby Avenue
 Brooklyn, NY 11205

FILMMAKER RELEASE

I acknowledge and agree that to the best of my knowledge, I am duly authorized to submit this film to Wallabout Film Festival and to grant permissions related to its use and performance. I grant permission to Wallabout to use film clips/stills for marketing and promotion of the festival. Submitting a film to Wallabout constitutes an agreement by and between the student filmmaker and Wallabout. By submitting, I agree to all of these rules, terms and conditions.

Signature _____ Date _____