

# Headshot Film Festival Submission Form



Original Title: \_\_\_\_\_

Title in English: \_\_\_\_\_

## Contact Information

Contact person/name: \_\_\_\_\_

Production company name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the Headshot Film Festival: \_\_\_\_\_

## Film Information

Country of origin: \_\_\_\_\_

Original language: \_\_\_\_\_ English subtitles: Yes/No

Is your submission a student film? Yes/No If yes, school name: \_\_\_\_\_

Does the film have all clearances and rights for commercial distribution? Yes/No

Does the film have a registered copyright? Yes/No

Category: Action \_\_\_ Animation \_\_\_ Comedy \_\_\_

Documentary \_\_\_ Drama \_\_\_ Thriller \_\_\_ Other (please specify): \_\_\_\_\_

Format: \_\_\_\_\_ Color: \_\_\_\_\_ B&W: \_\_\_\_\_

Sound Optical Mono: \_\_\_ Dolby A: \_\_\_ Dolby SR: \_\_\_

Other: \_\_\_\_\_

Running time (minutes): \_\_\_\_\_ Date completed: \_\_\_\_\_ Print available: Yes /No

Please provide a synopsis of your film: \_\_\_\_\_

## Credits

Director: \_\_\_\_\_ Camera: \_\_\_\_\_

Producer: \_\_\_\_\_ Editor: \_\_\_\_\_ Writer:

\_\_\_\_\_ Music: \_\_\_\_\_

Cast:

Festival appearances and awards:

Other online or offline exposure:

Please send this form together with a DVD only of the film to Michael Drawdy:

**Headshot Film Festival**  
**7012 E. Stella Rd.**  
**Tucson, AZ 85730 USA**