

FESTIVAL LEAGUE FILM ENTRY FORM

Atlanta Underground Film Festival, Atlanta Horror Fest, DocuFest Atlanta, Animation Attack!

Title _____

Director _____

Screenwriter _____

Producer _____

Which Festival are you Entering? _____

Length in minutes _____ Genre (optional) _____

Shooting format _____ Preferred Screening Format _____

Origin of film (city, state, country) _____

Year of completion _____

Synopsis _____

Film website _____

How did you hear about us? _____

Anything else we should know? _____

Contact name _____

Mailing Address _____

Telephone _____ Email _____

Sign and Date if you read and understood the submission guidelines:
