



PO Box 71102
Phoenix, AZ 85050
(602) 577-4884

AZFAME Film Festival 2011 Official Entry Form

Film Title: _____

Producer: _____

Director: _____

Brief Film Synopsis: _____

Address: _____

City/State/Zip: _____

Country: _____

Phone: _(_____) _____

E-mail(s): _____

Website (if applicable): _____

Nationality of Film: _____

Original Language: _____

State and Country where film was made: _____

Day, Month and year of completion: _____ / _____ / _____

***(*Films completed BEFORE January 2006 will NOT be accepted.*)

Total Running Time: _____ minutes

All films must be no longer than (20) minutes running time to be considered.

Category/Genre: Please check the appropriate category for your film.

_____ Horror _____ Live Action/Adventure
_____ Science Fiction _____ Comedy
_____ Drama _____ Documentary
_____ Animation

Mail-in submissions must be in one of the following formats:

_____ .Mov File on CD/DVD _____ Standard Region 1 DVD
_____ MiniDV Cassette _____ .Mov File on USB Flash Drive

Original Format: ___ 35mm ___ 16mm ___ DV ___ Video ___ Color ___ Black & White

Certification and Submission Agreement:

PLEASE READ THE FOLLOWING:

- I have read, understood and complied with all eligibility requirements of the categories for which I would like this film to be considered.
- This film is not subject to litigation nor is threatened by any litigation.
- I am duly authorized to submit this film to the Festival and its Competition and understand that the Festival holds the right to screen my film for Festival screening and promotional purposes and to extract clips from this film for promotional purposes. I understand this may include online streaming of clips on Festival or Festival sponsor sites.
- I understand that the *AZFAME Film Festival* is not responsible for any type of damage to or loss of the print during screenings, at any other time during the course of the Festival, while the film is in the Festival's possession or while en route to or from the Festival, and I release *AZFAME Film Festival* from any and all liabilities regarding damage to or loss of the print while en route to/from the Festival or while it is in their possession.

AZFAME Film Festival Submission Guidelines:

Print this form and complete.

Your submissions package should be shipped, prepaid and properly packaged to:

AZFAME Film Festival
PO Box 71102
Phoenix, AZ 85050

Return Policy: If you want your film/screener copy returned, please include the complete and correct packaging and postage for mailing.

IMPORTANT: Films received without self-addressed, stamped envelopes will not be returned.

Your submissions package MUST include the following:

1. A completed copy of this Entry Form
2. DVD of Film
3. Entry fee, Make checks or US Money Orders payable in US dollars to:
AZFAME, LLC.
4. Press kit (if you have one) NOTE: A Press Kit will be requested if film is selected.

Method of Payment

Cash _____ Check _____ Visa _____ MC _____ AMEX _____

First Name on Card: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Card # _____ Exp Date _____

CID Number _____ (Three or four digit code on back of card)

Signature Authorizing Credit Card _____

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

THANK YOU !