



**Festival Submission form for GROUP/SCHOOL/ORGANIZATION**

**GROUP/SCHOOL/ORGANIZATION INFORMATION**

Name of School/Organization: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website Address: \_\_\_\_\_

**FILMMAKER INFORMATION**

*You must choose one filmmaker to be the Festival contact. Please list all additional filmmakers underneath. Use an additional piece of paper if necessary.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## FILM INFORMATION

Film Title: \_\_\_\_\_

Length: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Category: *(Check all that apply)*

DOCUMENTARY       PUBLIC SERVICE ANNOUNCEMENT       EXPERIMENTAL  
 ANIMATION       COMEDY       SOCIAL COMMENTARY  
 PERSONAL ESSAY       DRAMA       MUSIC VIDEO

Describe Your Film: *(Please use additional paper if necessary)*

## PERMISSION

By entering your film/video into Cinema/Chicago's Future Filmmakers Festival, you attest that you hold the rights to this work and that you give permission for it to screen at the 2007 festival, its outreach screenings, and to be transmitted over CITF's ITFS system. You furthermore grant Cinema/Chicago's Future Filmmakers Festival the right to use excerpts or stills from your work to promote the festival to the public.

Applicant Signature: \_\_\_\_\_

Organization Signature: \_\_\_\_\_