

**SHORT FILM COMPETITION
SUBMISSION FORM**



Contact Information

Contact name: _____

Production company name: _____

Mailing address: _____

City: _____ Post code: _____

Country: _____

Telephone: _____ Fax: _____ Email: _____

How did you hear about our film festival: _____

Film Information

Title in English (If applicable): _____

Country of Origin : _____ Original Language: _____

Total Running Time: _____mins_____sec Date Completed: _____

Film Synopsis: _____

Director _____

Writer _____

Producer _____

DP _____

Editor _____

Cast _____

Student Film: [] NO [] YES

More Film Information

Genre: Live-Action Animation
Animation Style: CGI 2D Stop-Motion Flash
Category: Comedy Action Drama Documentary Thriller Sci-Fi Other! _____
Gauge: 35MM Hi-Def Digital Mini-DV 16MM
Format: Color B&W
Video Framing: Full Pan & Scan LB 2.35 LB 1.85 LB 16X9
Sound: Dolby SR Dolby A Optical Mono Stereo
Dialogue: English French Spanish None Other _____
Subtitles: No Yes, in what language? _____
Surround: No Yes, specifics (ie: Dolby Pro-Logic, 5.1, etc) _____
Content Issues: Nudity Swearing Violence Other _____
DVD Screener: Multi-Region NTSC PAL
Film festival appearances _____
Awards _____
Online exposure _____

Please Send Your Films To:

**Tim Copsey
Langsett Film Festival
2 Meal Hill Road
Holme
Holmfirth
West Yorkshire
HD9 2QQ**