SLAP Film Festival

film submission form

A SUBMISSION FEE IS NOT REQUIRED!

TITLE OF FILM: _____

DIRECTOR/FILMMAKER: _____

NAME OF ENTRANT AND ROLE IN FILM: _____

ADDRESS: _____

_____

PHONE NUMBER: (_____)_____ -_____ ALTERNATE NUMBER: (_____)_____ -_____

EMAIL: _____

FIRST FILM? ☐ YES ☐ NO

STUDENT FILM? ☐ YES ☐ NO

RUNNING TIME: _____ H _____ MIN FILM GENRE: _____

PRINCIPAL CAST: _____

_____

_____

CITY AND COUNTRY WHERE FILM WAS MADE: _____

FORMAT OF FILM: _____ DATE COMPLETED: _____/_____/_____

HAS THIS FILM BEEN SCREENED ELSEWHERE? IF SO, WHERE? _____

_____

_____

WHAT INSPIRED YOU TO MAKE THIS FILM? _____

_____

_____

BRIEF SYNOPSIS OF FILM (PLEASE INCLUDE A WEBSITE IF AVAILABLE): _____

_____

_____

WHERE DID YOU HEAR ABOUT THE SLAP FILM FESTIVAL? _____

_____

MAIL ENTRIES TO:

SLAP FILM FESTIVAL ENTRIES
LANSIA WANN C/O KAREN KWAN
200 S. CENTRAL CAMPUS DR. #318
SALT LAKE CITY, UT 84112

QUESTIONS: LANSIA @ (801) 581-8151 OR SLAPFILMFESTIVAL@YAHOO.COM