

The Indiana Players Film Festival 2010 OFFICIAL ENTRY FORM

Title: _____

Running Time: _____ Completion Date: _____ Shooting Format: _____

Circle one:
Color or **Black & White**

Film Category:
Narrative Documentary Music Video Experimental Other

Main Contact Name: _____

Phone: (____) _____ E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Director: _____

Writer: _____

Production Company (If any): _____

Main Cast: _____

Brief Synopsis: _____

Festival History: _____

Awards and Honors: _____

COMPLETION CERTIFICATION

I warrant the enclosed submission to be my/our original work and that I am authorized to submit this work to the *Indiana Players Film Festival*. To the best of my knowledge, all of the statements contained herein are true and correct.

Signature: _____ Date: _____

NO LATE ENTRIES ACCEPTED.

Filmmakers will be contacted by the week of January 4,