



**CANTON PALACE THEATER
International Film Festival**

OCT. 7-10, 2010

**CANTON PALACE THEATRE
INTERNATIONAL FILM FESTIVAL
OFFICIAL ENTRY FORM**

www.cantonpalacefilmfestival.com

Please print out this form, fill in all the required fields,
sign it and include it with TWO DVD viewing copies of your submission.
(Do NOT include final screening format film – we will contact you if accepted)
Mail this form and YOUR PAYMENT by Sept 1st, 2010 to:

Canton Palace Theatre Association
P.O. Box 13785
Akron, OH 44334

**** REQUIRED FIELDS ** ** ONE FORM PER ENTRY ****

FILM INFORMATION*

Film Title* _____

Date of Completion* _____

Total Run Time* _____

CATEGORY* (check one)

Feature (more than 30 minutes and less than 120 minutes) (\$20 by Aug. 1st - \$25 by Sept 1st) ____

Short (Less than 30 minutes) (\$15 by Aug 1st - \$20 by Sept. 1st) ____

Student (\$10 by Aug 1st - \$15 by Sept. 1st) ____ (please include copy of student ID)

GENRE (e.g. narrative fiction, documentary, music video, etc.,)

Director(s) Name* _____

Crew* (up to 5 names)

1. _____

2. _____

3. _____

4. _____

5. _____

Cast* (up to 5 names)

1. _____

2. _____

3. _____

4. _____

5. _____

Short Synopsis* (less than 200 words)

Director's Bio (less than 75 words)

Director's Filmography (up to 5 titles)

1. _____

2. _____

3. _____

4. _____

5. _____

CONTACT INFORMATION

Film Web Site _____

Contact Person* _____

Title (Director, etc.)* _____

Company Name _____

Address* _____

City* _____ State* _____ Zip* _____

Phone #* _____ Alt Phone # _____

Fax # _____

Main E-mail Address* _____

TECHNICAL INFORMATION

Shooting Format (check one)

35mm ____

16mm ____

S16mm ____

S8mm ____

Beta

Digital

Screening Format*(check one)

DVD

35 mm

Color B&W* (CIRCLE ONE)

Submitter Name* _____

Date Submitted* _____

How did you hear about the **Canton Palace Theatre International Film Festival**?

** By submitting this form the submitter states that she or he... **

Is authorized to submit the film as the Maker or an Agent of the Maker

Has accepted the rules and regulations of **The Canton Palace Theatre International Film Festival**

Agrees that the TWO submitted DVD's will not be returned without a self-addressed stamped envelope included by submitter.

Allows The Canton Palace Film Festival the right to promote, through all media types and outlets, the film submitted and to allow the film to be screened at **The Canton Palace Theatre International Film Festival** events.

I have read and filled out this form (as required) and I understand **The Canton Palace Theatre International Film Festival** is not responsible for damages or losses resulting from the festival review, exhibition or any other possible or unforeseen circumstance.

NAME (signature)

DATE