CARLISLE THEATRE
2017 AMATEUR FILM FESTIVAL | SUBMISSION FORM

Name of Filmmaker: _____

Age Category: ☐ **Middle School** ☐ **High School** ☐ **College/Adult**

Contact Information

Address: _____

Telephone: _____

Email: _____

Name of Film: _____

Film Category: ☐ **Narrative (*fiction*)** ☐ **Documentary** ☐ **Animation**

Please ensure all of the following steps have been completed and indicate completion of same by placing a check in each box:

- ☐ I have read the Rules, Terms, and Conditions of the 2017 Carlisle Theatre Amateur Film, which can be found at http://carlisletheatre.org/filmfestival, and my signature below confirms my understanding and acceptance of same.
- ☐ I have submitted my film for consideration by emailing an FTP/download link to the following address: carlislefilmfestival@gmail.com. Helpful instructions on how to submit films via FTP/download link can be found at http://carlisletheatre.org/filmfestival. **Films cannot exceed 10 minutes.** Please be sure to include your name and the name of your film (as indicated above) in your email.
- ☐ I have included with this Submission Form a brief (250 words or less) synopsis/descriptive summary for my film, which can be used/reprinted in a program.
- ☐ I have included with this Submission Form my entry fee of $10.00 (ten dollars) in the form of a check or money order made payable to: "Carlisle Theatre."

I authorize the Carlisle Theatre to exhibit my work at the 2017 Carlisle Theatre Amateur Film Festival, and I further permit the Carlisle Theatre to use any excerpt of my work for promotional purposes. I shall indemnify and hold harmless the Carlisle Theatre from and against any and all claims, losses, damages, and expenses (including, but not limited to, attorney's fees) which may be incurred by reason of any claim involving copyright, trademark, credits, publicity, and/or screening arising out of the exhibition of my work as part of the 2017 Carlisle Theatre Amateur Film Festival.

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian signature required (if under 18)

Signature: _____ Date: _____

Print Name: _____

ALL MATERIALS MUST BE SUBMITTED BY FRIDAY, JANUARY 27, 2017

Submission Forms and accompanying materials can be mailed or hand delivered to:
Carlisle Theatre | ATTN: Film Festival | 40 West High Street | Carlisle, PA 17013

CARLISLE THEATRE