

[TITLE]

[PHONE #]

[PRIMARY CONTACT]



[FILM SYNOPSIS]

VHS-NTSC
VHS-PAL
VHS-SECAM
DVD



[DIRECTOR]

[PRODUCER]

[WRITER]

[EDITOR]

[MUSIC]

[CAST]

[COUNTRY OF ORIGIN]

[ORIGINAL LANGUAGE]

[ENGLISH SUBTITLES]

YES
NO

[IS YOUR SUBMISSION A STUDENT FILM] YES
NO

[IF YES, WHAT IS THE SCHOOL NAME]

[DOES THE FILM HAVE ALL THE CLEARANCES AND RIGHTS FOR COMMERCIAL DISTRIBUTION] YES
NO

[DOES THE FILM HAVE A REGISTERED COPYRIGHT] YES
NO

[IS THE FILM A SACRAMENTO BASED PRODUCTION] YES
NO

[IF YES, EXPLAIN]

[GENRE]

ACTION

CHILDREN

DOCUMENTARY

HORROR

NARRATIVE

OTHER

ANIMATION

COMEDY

DRAMA

MYSTERY

ROMANCE

(EXPLAIN)

[GAUGE]

16MM

35MM

miniDV

[RUNNING TIME

[DATE

SUPER 16MM

BETA

OTHER

INC. CREDITS]

COMPLETED]

[PRINT YES
AVAILABLE] NO

SUBMISSION FORM

G: EXPOSED FILM
Dark Room Only

WARNING: EXPOSED FILM
Open in Dark Room Only

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Open in Dark Room Only

[CONTACT INFORMATION HERE]

[PRIMARY CONTACT PERSON]

[RELATION TO FILM]

[PRODUCTION COMPANY NAME]

[MAILING ADDRESS]

[CITY]

[STATE/COUNTRY]

[ZIP/POSTAL CODE]

[TELEPHONE #]

[FAX #]

[E-MAIL]

[HOW DID YOU HEAR ABOUT OUR FESTIVAL]

[IF YOU COULD PUT SOMETHING IN THIS SPACE, WHAT WOULD YOU PUT?]

[DISCLAIMER HERE]

[SIGNATURE HERE]

BY SIGNING, I ACKNOWLEDGE AND AGREE TO THE RULES FOR FESTIVAL SUBMISSIONS

[DATE HERE]

SACRAMENTO

FILM AND MUSIC FESTIVAL

Make checks payable to:
Sacramento Film and Music Festival
10445 Ambassador Dr.
Rancho Cordova, CA 95670