

# CALIFORNIA FILM AWARDS®

## Screenplay Competition Entry Form

### 1. CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. SCREENPLAY INFORMATION

Screenplay Title: \_\_\_\_\_

Writer/Writers: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Genre: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Logline: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. FEES AND DEADLINES

Postmarked by:			
April 25	July 25	October 25	November 20
\$25	\$30	\$35	\$45

Payment Type:     Check     Credit Card     PayPal

Make Checks payable to California Film Awards. PayPal payment address: [info@calfilmawards.com](mailto:info@calfilmawards.com)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV Code: \_\_\_\_\_

PayPal Transaction ID: \_\_\_\_\_

### 4. EMAIL OR MAIL ENTRIES TO:

Send completed entry form and electronic copy of script to [info@calfilmawards.com](mailto:info@calfilmawards.com) or mail to:

California Film Awards  
6977 Navajo Road, Suite 225  
San Diego, CA 92119

### 5. RELEASE

I have read, understood and agree to all the Screenplay Competition guidelines and am duly authorized to submit this screenplay.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_