

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: _____

Short Synopsis: _____

How did you hear about us? Internet Word of Mouth
 Advertisement (please list) _____ Other _____

3. FEES AND DEADLINES

Postmarked by:

March 25

June 25

September 25

November 10

\$25

\$30

\$35

\$40

Payment Type: Check (payable to California Film Awards) Money Order Credit Card

Credit Card: Visa Mastercard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Total Amount: _____

4. MAIL ENTRIES TO:

Send completed entry form, hardcopy of script, and payment 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: _____
