

CALIFORNIA FILM AWARDS®

Official Entry Form

FILM INFORMATION

Film Title: _____

Film Language: _____ Country of Origin: _____

Director: _____

Writer: _____

Producer: _____

Budget (optional): _____ Genre: _____

Principal Cast: _____

Film Type: Feature Documentary Short Film Music Video California Film Other

Short Synopsis: _____

FILM CONTACT INFORMATION

Contact Name: _____

Affiliation to Film: _____

Company: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____

Email: _____ Website: _____

TECHNICAL INFORMATION

Original Shooting Format: 35 mm 16 mm HD DV Other: _____

Color Format: Color Black and White Both

Sound: Mono Stereo Dolby Other _____

Running Time: _____

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BACKGROUND

Date Completed: _____ Does the film have distribution? _____

List any previous screenings: _____

List any awards won: _____

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

Advertisement (please list) _____ Other _____

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FEES AND DEADLINES

	Postmark Submission by:			
	March 25	June 25	September 25	November 10
Features (over 50 minutes)	\$30	\$35	\$40	\$45
Shorts (under 50 minutes)	\$25	\$30	\$35	\$40

Total Amount Enclosed:

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METHOD OF PAYMENT

Payment Type: Check Money Order Credit Card
Credit Card: Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Make Checks payable to California Film Awards.

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ENCLOSURES CHECKLIST

- Completed and Signed Entry Form Entry Fee
- DVD or Video of Film

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MAIL ENTRIES TO:

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

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RELEASE

I have read, understood and agree to all the festival guidelines and am duly authorized to submit this film.

Signed: _____ Date: _____
