

REEL GRITS SC LGBT Film Festival 2009 Entry Form

NAME _____

ADDRESS _____

PHONE (_____) _____ CELL (_____) _____

Email _____ Website _____

Please Check Your Title On This Project:

Writer Producer Director Performer

ENTRY CATEGORY: *Not sure of your category? Don't worry, our staff will place it for you.*

Digital Film Feature Short Documentary

Experimental Animation _____

DEADLINES AND ENTRY FEES

Deadline: June 30, 2008

Fee: \$20.00/submission

SUBMISSION CHECKLIST:

Synopsis (Under 100 Words) Complete / Cast / Credit List

Completed & Signed Entry Form SASE for Receipt (Optional)

Entry Fee

Filmmaker Bio DVD (Region 1) trailer &/or screener*

***Please send COPIES ONLY. All submissions become the property of AFFA**

Make sure you preview your film. We will only consider films submitted in the correct format.

Project Title _____

Running Time _____

Aspect Ratio _____ Format _____

Genre _____

Alliance For Full Acceptance
REEL GRITS S.C. LGBT Film Festival 2009
ENTRY FORM

page 2

PAYMENT INFORMATION

_____ MONEY ORDER _____ CHECK _____ CREDIT CARD

NAME ON CARD _____

ADDRESS _____

CARD TYPE _____

EXP. DATE _____ / _____ / _____

ACCOUNT NUMBER _____

SIGNATURE _____ DATE _____

Please make all checks or money orders payable to: AFFA Thank you!

CERTIFICATION OF ENTRANT

I have read, understood and complied with the rules and regulations. To the best of my knowledge, all statements in this document are true. This film is not subject to any litigation nor is any litigation threatened. I am duly authorized to submit this film/video/animation to the Reel Grits SC LGBT Film Festival. Should this film win an award I am authorized and or empowered by all parties legally representing this film to designate the following individuals to receive all awards. In the case where no recipient is designated, all prizes will be split equally between the director and the production company. I understand that the festival committee will place my project in the proper category if necessary and I give the festival committee the right to use my film, video, animation and or experimental project as well as promotional stills, and information to promote my project as well as the Reel Grits S.C. LGBT Film Festival.

Signed: _____ Date _____

Print Name _____

Title On Project _____

Please mail this application along with payment (Made Payable to AFFA) along with all of your materials to:

ALLIANCE FOR FULL ACCEPTANCE
ATTN: REEL GRITS Film Festival
PO BOX 22088 CHARLESTON, SC 29413-2088
reelgritsfilmfestival@gmail.com

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