

FILM SUBMISSION FORM



Contact Information

Contact name: _____
Production company name: _____
Mailing address: _____
City: _____ Post code: _____
Country: _____
Telephone: _____ Fax: _____ Email: _____
How did you hear about Holmfirth Film Festival: _____

Film Information

Title in English (If applicable): _____
Country of Origin : _____ Original Language: _____
Total Running Time: _____mins_____sec Date Completed: _____
Film Synopsis: _____

Director _____
Writer _____
Producer _____
DP _____
Editor _____
Cast _____
Student Film: [] NO [] YES

More Film Information

Genre: [] Live-Action [] Animation
Animation Style: [] CGI [] 2D [] Stop-Motion [] Flash
Category: [] Comedy [] Action [] Drama [] Documentary [] Thriller [] Sci-Fi [] Other! _____
Gauge: [] 35MM [] Hi-Def [] Digital [] Mini-DV [] 16MM
Format: [] Color [] B&W
Video Framing: [] Full [] Pan & Scan [] LB 2.35 [] LB 1.85 [] LB 16X9
Sound: [] Dolby SR [] Dolby A [] Optical [] Mono [] Stereo
Dialogue: [] English [] French [] Spanish [] None [] Other _____
Subtitles: [] No [] Yes, in what language? _____
Surround: [] No [] Yes, specifics (ie: Dolby Pro-Logic, 5.1, etc) _____
Content Issues: [] Nudity [] Swearing [] Violence [] Other _____
DVD Screener: [] Multi-Region [] NTSC [] PAL
Film festival appearances _____
Awards _____
Online exposure _____

Please Send Your Films To:

**Tim Copsey
Holmfirth Film Festival
2 Meal Hill Road
Holme
Holmfirth
West Yorkshire
HD9 2QQ**