

ENTRY FORM

Deadline to submit your film(s): **December 30, 2016.**

A separate entry form is required for each submission.

FILM DETAILS

Original Title*

Original Title*	English Title*
-----------------	----------------

Nationality of film*

Nationality of film*	Year of Completion
----------------------	--------------------

Production Company*

Production Company*	Distribution Company
---------------------	----------------------

Running Time*

Running Time*	
---------------	--

Is this your first film? *

Yes No

Is this a student film? *

Yes No

Name of school (if applicable)

Name of school (if applicable)	
--------------------------------	--

CREDITS

Director(s) *

Director(s) *	Nationality*
---------------	--------------

Director's biography (75 words or less) *

Director's biography (75 words or less) *	
---	--

Animator(s) *

Animator(s) *	Layout
---------------	--------

Storyboard*

Storyboard*	Sound
-------------	-------

Music

Music	Editing*
-------	----------

Other Key Roles (if applicable)

COMPETITION CATEGORY

Egypt Short Film Competition

Egypt Short Student Film

Competition

International Short Film Competition

International Student
Short Film Competition

PREVIEW SCREENER

URL*

Password (if applicable)

SYNOPSIS* (75 words or less)

NARRATION/DIALOGUE*

None

Non-English (which
language?)

English

ENGLISH SUBTITLES*

Yes No

ANIMATION TECHNIQUES*

Cel	Drawing
Painting	Photos
Stop Motion	2D Computer
Scratch	Clay
Puppet	Pixilation
Sand/Powder	Cut-outs

SCREENING COPY*

DVD	Bluray
-----	--------

FORMAT*

PAL	NTSC
-----	------

PREVIOUS FESTIVAL SCREENINGS

Festival	Year

Award	

Festival	Year

Award	

CONTACT INFORMATION

DIRECTOR

Name*

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Zip Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Country*

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Fax

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Website

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Address

City

Phone

Email*

PRODUCTION COMPANY

Company Name*

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Zip Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Country*

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Fax

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Website*

Contact person name*

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Email*

RETURN CONTACT

Contact person*

Address

Zip Code

City

Country*

Phone*

I ACCEPT THE TERMS AND CONDITIONS OF
THE FESTIVAL REGULATIONS

ALL THE FIELDS MARKED WITH * ARE MANDATORY