MINHAS MONROE FILM FESTIVAL

FILM SUBMISSION FORM

Film Information

Film Title _____

Director _____

Writer: _____

Producer: _____

Genre: _____

Principal Cast: _____

Short Synopsis:

_____

_____

Film contact information

Contact Name: _____

Affiliation to Film: _____

Company: _____

Address: _____

City: _____ State : _____ Zip Code: : _____ Country:_____

Phone: _____ Fax: _____

Email: _____ Website: _____

Technical Information

Submitted Format: _____

Running Time:_____

Release

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

Signed: Date: