

CBFF Entry Form

Date of submission:

Film Information

Title:

English Title:

Country of Origin:

Date Completed:

Running Time:

(Short Films should not exceed 30 min)

Genre:

Shooting Format:

Sound: Mono Stereo Dolby DTS Digital Other _____

Screen Ratio: 1:33 1:66 1:85 2:35 4: 3 16:9

Director:

Producer:

Screenwriter:

Cinematographer:

Production Designer:

Sound:

Editor:

Composer:

Principle Cast:

Company Name:

Company Address:

Address:

City:

Province/State:

Country:

Postal/Zip Code:

Phone:

Fax:

E-mail:

Web Site:

School Name: (If Student film)

If film is selected it will be:

World Premiere Canadian Premiere North American Premiere

Please list Previous Screenings, Broadcasts, Festivals & Awards

Indicate countries the movie has been sold for distribution and release dates (if applicable) by time of this submission.

100 word Synopsis:

Personal information

If other than director, please describe your relationship to the project

Name:

Address:

City:

Province/State:

Country:

Postal Code/ Zip:

Telephone:

Fax:

E-mail:

Web Site:

Please Send all Entries in DVD format only

Attention: Please also send a press pack and publicity stills (300 dpi, rgb/cmyk, jpeg/tiff/pdf format) from your film to:

Andrew Mahorn (Program Manager)
Canadian Black Film Festival
204 Thickson Rd. North
Whitby, Ontario
L1N 3R4, Canada

Entry signifies agreement with Rules and Regulations as set forth in the CBFF Rules and Regulations. This form is not a guarantee that your film will be selected for the festival. Please print or fill out legibly. All film entries selected for the festival gives CBFF the right to use footage, title, and information about the film for promotional purposes. (Web included).

AUTHORIZATION

I have read the rules and regulations for participation of The Canadian Black Film Festival. I hereby have the full legal right to enter this film into the festival. If selected for the festival, an exhibition print will be made available for screening during The Canadian Black Film Festival. I acknowledge that my entry will not be returned.

Signature:

Print Name:

Date: