

## Official Entry Form - FutureWave Shorts 2016 Seattle International Film Festival

SIFF Film Center • 305 Harrison St • Seattle, WA 98109 Tel: 206.464.5830 • Fax: 206.264.7919 • www.siff.net

FILM INFORMATION (plea	ase type or print)	
Film Title (English)		
Original Language Title (if r	not English language)	
☐ Narrative ☐ Docum	nentary	١
BRIEF STORY DESCRIPT	<b>TION</b> (please use space provided, and put some th	nought into this. This description will be used in festival programs)
IMPORTANT INFORMATION		PRODUCTION INFORMATION
March 1, 2016 April 29, 2016	Submission deadline Notification of acceptance	Preview Format  DVD Link:
May 13, 2016	Film prints/files due	Did you have help from someone over 18 years old? ☐ Yes ☐ No
May 19 - June 12, 2016		If so, what kind?
<b>Requirements:</b> Films must have been completed no earlier than January 2015. <b>Filmmakers must be aged 18 or younger at the</b>		Running Time(in minutes)
time of submission, and license or other proof of	include a photocopy of their driver's fage with submission.	
Entries must be no longer than 10 minutes (including credits and		Filmmakers:
titles). THE SHORTER THE BETTER!		Please print clearly - this will be used in festival programs
<b>Deadline:</b> All film submissions must be shipped prepaid and packed in proper containers to arrive at the SIFF offices by the posted deadline.		Director - Name(s) and age(s):
Format: All films must be submitted on DVD or a valid Internet link to the film in high quality. Do not put multiple works on the same DVD.		Screenwriter - Name(s) and age(s):
		Camera - Name(s) and age(s):
ENTRY FEE: \$20 (ENTRY MUST BE RECEIVED BY MARCH 1, 2016)		Editor - Name(s) and age(s):
<b>FEE Payment</b> (please check one) WAIVED FOR WASHINGTON STATE RESIDENTS  ☐ Check/Money Order - US Funds (Payable to: SIFF)		Other Crew - Name(s) and age(s):
Modercord Modercord		Principal Cast
Card Number		
Expiration Date		
Cardholder's Signature		Teacher/Mentor's Name (if applicable):
Cardholder's Name (please print)		School/Organization (if applicable):
Billing Address		Primary Contact
		Company/Organization (if applicable)
Certificate of Entrant I, the undersigned, acknowledge and agree that to the best of my knowledge, all of the statements in this document are true; I am duly authorized to submit this film to the Seattle International Film Festival (SIFF); I hold SIFF harmless from damage to or loss of the film print en route due to improper containers or otherwise; the film is not subject to nor is threatened by any litigation;		Name
		Relation to film
		Email (PLEASE PRINT CLEARLY)
I acknowledge that ALL submission materials become the property of SIFF; and that I accept all of the submission regulations stated within on the submission form. I verify that all content in this		Address
	signed releases from all participants, and I am	
Signed (Entrant)		CityStateZipCountry
Print/Type Name		Phone