

OFFICIAL RIFF 2010 STUDENT FILM ENTRY FORM

Date of Application: _____

Title of Project: _____

Web Site URL: _____

Date Film Completed: _____

Producer(s): _____

Director: _____

Screenwriter(s): _____

Production Company, if any: _____

Address: _____

City: _____ Province/State: _____

Zip: _____ Country: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Name of entry contact person: _____

Phone Number: _____

Name of person submitting application (*if different from above*):

Film School/College(s) Attending: _____ Year of Graduation: _____

BUDGET IN US DOLLARS: (Ranges) Over \$1 Million ___

Under \$1 Million ___ Under \$100,000 ___

Actual Budget: \$ _____

FOOTAGE: # of Reels ___ Year of Production ___

In English ___ Non-English ___

Original Language _____ Country _____

GENRE: Action ___ Drama ___ Comedy ___ Romantic ___ Horror ___ Thriller ___ Fiction

___ Non-Fiction ___ Gay/Lesbian ___ Other _____

SUBJECT TYPE: Feature ____ Documentary ____ Animation ____ Short Subject ____
Experimental ____

LENGTH: Running Time: _____

SOUND: Mono Optical ____ 16 mm Optical ____ Optical Dolby A ____ Optical Dolby
SR ____ Video SR ____

FORMAT: 35mm ____ 16mm ____ Video ____ (type) _____
RATIO (*Important*): _____

Was this project submitted to other Festivals?
Yes ____ No ____

Were you selected? Yes ____ No ____
Awards (if any?) Yes ____ No ____

(List)

Do you have an agent/manager? Yes ____ No ____ If so, name: _____
Phone Number: _____
How were you introduced to us?
Friend ____ Mail ____ Ad ____ Name of Magazine/Paper _____

IMPORTANT: Please attach a **Short Synopsis** along with a biography
and filmography of director, as well as cast list and credits. **Please Do Not Skip This.**

PAYMENT INFORMATION For Regional Student Filmmakers ONLY!

Make check or money order (*US dollars*) payable to the **Rhode Island International
Film Festival**, (or **RIIFF**) Send your application, materials and payment to: **RIIFF • PO
Box 162 • Newport, RI 02840 USA. PLEASE LABEL "STUDENT" ON PACKAGE.**

SUBMISSION FEES*

Video/Film Shorts & Features	\$25 x ____	_____
Late Fee (<i>Films submitted after the June 15th deadline</i>)	\$10 x ____	_____
	Total :	_____

- Credit card orders can be faxed to (401) 490-6735.

Method of payment (*check one*):

____ Check ____ Money Order ____ Visa
____ MasterCard ____ American Express Credit Card Number:
_____ Exp. Date: _____

Name on Card: _____

Signature: _____

(Print or Type)

RIIFF FILM FESTIVAL REGULATIONS

1. Acceptance of a film does not guarantee airline or hotel accommodations for talent or production crew. 2. The festival is responsible for the one-way shipment of the print when leaving Providence after last play date to a location comparable from where the print originated. 3. The number of screenings, days and venue is at the sole discretion of RIIFF. 4. Permission for RIIFF to use an excerpt from any accepted film/video for promotional purposes (not to exceed 2 minutes) is hereby granted unless otherwise noted.

Signed _____ Print

Name _____ Date __/__/____

Title _____

Company _____