[SILK SCREEN] ENTRY FORM

FILM INFORMATION

ENGLISH TITLE

TITLE IN ORIGINAL LANGUAGE

DIRECTOR/FILMMAKER

NAME OF ENTRANT AND ROLE IN FILM

DO YOU HAVE A DISTRIBUTOR?

(•) Yes _____ ( ) No

WHICH TERRITORIES IS YOUR FILM AVAILABLE FOR DISTRIBUTION?

☐ International ☐ United States ☐ All

DISTRIBUTOR/REPRESENTATION NAME AND CONTACT INFORMATION

FIRST FILM

(•) Yes ( ) No

DATE COMPLETED

PRINCIPLE CAST

CITY AND COUNTRY WHERE FILM WAS MADE

HAS THIS FILM BEEN SCREENED ELSEWHERE? IF SO, WHERE?

TYPE OF PREMIERE

OFFICIAL FILM WEBSITE URL

WHERE DID YOU HEAR ABOUT SILK SCREEN?

PRIMARY CONTACT

CONTACT NAME

COMPANY

ADDRESS

CITY STATE ZIP

COUNTRY

PHONE FAX E-MAIL

Choose payment method from this dropdown

COPY SPECIFICATIONS

SCREENING FORMAT

☐ 35MM ☐ 16MM
☐ Betacam SP video ☐ DVD

ASPECT RATIO (VIDEO)

☐ 4.3 ☐ 16.96 ☐ Other

ASPECT RATIO (FILM)

☐ 1.33 ☐ 1.66 ☐ 1.85
☐ 2.35 ☐ Other

SOUND FORMAT

☐ Dolby Digital ☐ Dolby SR ☐ Dolby Stereo
☐ Dolby Digital Surr. EX ☐ Other

COLOR

☐ Color ☐ B&W ☐ Both

TOTAL RUNNING TIME

TERMS OF ACCEPTANCE

I CERTIFY THAT I HAVE READ, UNDERSTOOD, AND HEREBY AGREE TO BE BOUND BY SILK SCREEN SUBMISSION GUIDELINES AND REGULATIONS. I GRANT SILK SCREEN PERMISSION TO PREVIEW A COPY OF MY FILM WITH THE INTENT OF PROGRAMMING FOR SILK SCREEN SCREENINGS AND EVENTS. I UNDERSTAND THAT MY SUBMISSION DOES NOT GUARANTEE THE SELECTION OF MY FILM FOR A SILK SCREEN SCREENING.

IN ADDITION, I GRANT SILK SCREEN PERMISSION TO USE AND REPRODUCE ANY AND ALL PUBLICITY MATERIALS AND IMAGES IN THEIR SCREENING PROGRAMS, ADVERTISING, POSTERS, AND/OR NECESSARY EVENT PUBLICITY.

I AGREE

DATE

SIGNATURE

MAIL ENTRIES TO:

Silk Screen – Entries
c/o Harish Saluja
Festival Director
1 North Shore Center, Suite 201
12 Federal Street
Pittsburgh, PA 15212 USA

QUESTIONS:

film@silkscreenfestival.org
724-969-2565