

THE CAPE VERDEAN AMERICAN FILM FESTIVAL

FILM INFORMATION Title _____ Screener

Format _____ Running Time __:__:__ Aspect Ratio _____ Shooting

Format(s): _____ Exhibition Format(s) _____ For judging purposes, please submit on NTSC DVD with contact name, title of work and running time clearly labeled. Country Of Production: _____

Language: _____ Genre (check all that apply) ___ narrative ___ documentary ___ experimental ___ animation ___ feature ___ short Date Completed

Synopsis Of Film _____

CONTACT INFORMATION Contact

Name _____
Company _____
Director _____
Producer _____
Address _____
City _____ State _____ ZIP _____
Country _____ Phone _____ Fax _____

Email _____ Bio/Filmography: Please attach a one-page description of filmmaker's background and previous works. Optional Press Materials: Please enclose all available press kits and stills (photos or 300 dpi TIFF files). I understand that the submission of my work authorizes The CVAFF to use the work for exhibition and/or publicity purposes related to the Festival, that the Festival will handle all prints and tapes with a maximum of care but cannot be held liable for any damage or loss during the shipping, preview, or screening; and that the festival is also not responsible for any claim involving copyright, trademark, or royalty infringement related to the work.

Signed _____ Date _____

Enclose preview screener, completed entry form and contact rrfilmworks@gmail.com