

rochester/**high falls** international film festival

CHILDREN'S/YOUNG ADULTS PROGRAMMING ENTRY FORM

*Please complete and send with screener to
Ruth Cowing/CHILDRENS & YA PROGRAM
Rochester/High Falls International Film Festival
45 East Ave, Suite 400
Rochester, NY 14604*

For questions, please contact: ruthcowing@highfallsfilmfestival.com

1) TITLE OF FILM:

2) **Key personnel** (please be sure to indicate director and if there are any **women** in key roles as exemplified below):

Director(s):

Producer(s):

Writer(s):

Cinematographer/DP(s):

Animator(s):

Editor(s):

Other:

Production date (year):

Category (Narrative/Doc/Animation, etc.):

Location of filmmaker (city, state or city, country):

Screener format (DVD-NTSC preferred; DVD-PAL acceptable):

Festival exhibition format (35mm or BetaSP only please):

Premiere category (please circle):

International U.S. East Coast New York State Western New York
Local

**Has this film shown in Rochester before?
If so, where and when?**

Length (use mins. and secs.):

Color or black & white:

Blurb for festival program (*up to 40 words—Please do not refer us to a web site for information*):

Print source (*name and email preferred--to be listed in festival program*):

Self addressed stamped mailer enclosed? (*please note tape will not be returned unless one is included*):

PERSON SUBMITTING ENTRY:

Name

email

address

phone

Thank you very much!!

If you have any questions, please contact:

Ruth Cowing, Festival Director & Co-Programmer
Rochester/High Falls International Film Festival
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Rochester, NY 14604

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www.rochestersmoviefest.com