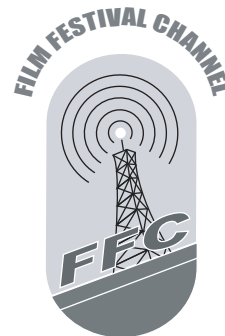


**2004 FILM FESTIVAL CHANNEL ENTRY FORM
FEATURES - SHORTS- DOCUMENTARIES**

PLEASE PRINT OR TYPE CLEARLY



TITLE OF PROJECT: _____

PRODUCER(S): _____

DIRECTOR: _____

SCREENWRITER(S): _____

PRODUCTION COMPANY, IF ANY: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ FAX: _____

EMAIL (PLEASE PRINT CLEARLY): _____

NAME OF PERSON SUBMITTING APPLICATION: _____

FILM SCHOOL/ COLLEGE(S): _____

BUDGET IN US DOLLARS: _____

FOOTAGE: # OF REELS _____ DATE FILM COMPLETED: _____

LANGUAGE: IN ENGLISH NON-ENGLISH ORIGINAL LANGUAGE COUNTRY

GENRE: ACTION CHILDREN COMEDY DRAMA FICTION HORROR NON-FICTION ROMANTIC THRILLER OTHER

SUBJECT TYPE: FEATURE DOCUMENTARY SHORT SUBJECT

FORMAT: 35mm 16mm DIGITAL VIDEO BETA SP HIDEF

LENGTH: 60 MINUTES OR OVER 30 TO UNDER 60 UNDER 30 MINUTES RUNNING TIME

SOUND: MONO OPTICAL 16mm OPTICAL OPTICAL DOLBY A OPTICAL DOLBY SR

RATIO (IMPORTANT): 1:1:33 1:1:66 1:1:85

WAS THIS PROJECT SUBMITTED TO OTHER FILM FESTIVALS ? YES NO

IF SO, PLEASE LIST: _____

WAS THIS PROJECT ACCEPTED TO OTHER FILM FESTIVALS ? YES NO

IF SO, PLEASE LIST: _____

PLEASE INCLUDE A FULL CAST & CREW LIST