



Film Festival Submission Form

Please return this form completed (in BLOCK CAPITALS) with a DV TAPE or DVD copy of the film to:

CONGO 50 FILM FESTIVAL

Unite 1, 85 Tarling Road
London E16 1HN

(Please note it may take between 4 and 6 weeks to view a new submission.)

Title of Film:

Date of Production*:

(*the year in which the film was completed)

Running Time:

Colour Black and White

Classification:

Short Fiction Documentary Animation
 Other (please specify briefly)

Is this the director's first film?

Is director Female?

Is it a graduation film?

Name of film school?

How was this film funded? *If under a particular scheme, please say which one.*

Synopsis (less than 50 words):

Screening Format:

Film 16mm 35mm 70mm Optical Sep.Mag
Tape/DVD Betacam Sp Digi Beta DVD

Was this work originally shot on film?

Was this film shot digitally?

Contact for festival submissions:

Name:
Address:

Tel: Fax:

Email:

Director: *(Please attach filmography/biography)*
Address:

Tel: Fax:

Email:

Producer:
Production Company:
Address:

tel: fax:

email:

Sales Agent/Distributor:
Contact name:
Address:

tel: fax:

email:

Film Details

Editor:

Screenwriter:

Director of Photography:

Sound:

Music:

Main Cast:

Festivals where the film has already been shown or selected for screening, plus any awards it has won:

Conditions of submission:

- Material must have been either produced in the UK or be recognized as Congolese to be eligible for submission to the Congo Film Festival.
- The Congo Film Festival cannot guarantee that the film selected will be shown in public competition, as the festival selection committees will be the final arbiters.
- The Congo Film Festival regrets that it cannot accept responsibility for loss of, or damage to, prints or tapes while they are on loan to a festival.
- The Congo Film Festival regrets that it cannot return DV Tapes or DVD copies in the event that the submission is rejected.
- Some of the information on this form may be used in various Congo Film Festival online and print publications. If you do not want any information you have included in this form made publicly available please contact us.

I have read and understood these conditions

Signature

Print Name

Date of submission to CONGO FILM FESTIVAL: