OFFICIAL RIIFF 2018 STUDENT FILM ENTRY FORM

Date of Application:
Title of Project:
Web Site URL:
Date Film Completed:
Producer(s):
Director:
Screenwriter(s):
Production Company, if any:
Address:
City: Province/State:
Zip: Country:
Home Phone: Work Phone:
Fax: Email:
Name of entry contact person:
Phone Number:
Name of person submitting application (if different from above):
Film School/College(s) Attending:Year of Graduation:
BUDGET IN US DOLLARS: (Ranges) Over \$1 Million Under \$1 Million Under \$100,000
Actual Budget: \$
FOOTAGE: # of Reels Year of Production
In English Non-English Original Language Country
GENRE: Action Drama Comedy Romantic Horror Thriller Fiction Non-Fiction Gay/Lesbian Other

 SUBJECT TYPE: Feature _____ Documentary ____ Animation _____ Short Subject _____

 Experimental _____

LENGTH: Running Time: _____

SOUND: Mono Optical _____ 16 mm Optical ____ Optical Dolby A ____ Optical Dolby SR _____ Video SR _____

FORMAT: 35mm _____ 16mm _____ Video _____ (Digital) ______ RATIO (Important): ______

Was this project submitted to other Festivals? Yes___ No___

Were you selected? Yes___ No___ Awards (if any?) Yes___ No___

(List)

Do you have an agent/manager? Yes___ No___ If so, name: _____ Phone Number: _____ How were you introduced to us? Friend___ Mail ____ Ad___ Name of Magazine/Paper_____

IMPORTANT: Please attach a **Short Synopsis** along with a biography and filmography of director, as well as cast list and credits. **Please Do Not Skip This.**

PAYMENT INFORMATION For Regional Student Filmmakers ONLY!

Make check or money order (US dollars) payable to the **Rhode Island International Film Festival**, (or **RIIFF**) Send your application, materials and payment to: **RIIFF** • PO Box 162 • Newport, RI 02840 USA. PLEASE LABEL "STUDENT" ON PACKAGE.

/ideo/Film Shorts & Features	\$30 x	
ate Fee (Films submitted after the June 15th deadline)	\$10 x	
	Total :	

• Credit card orders can be faxed to (401) 490-6735.

Method of paym	ent (check one):			
Cheo	ck Money Order	Visa		
MasterCard	American Expre	ess Credit Card N	lumber:	
		_ Exp. Date:	CVN:	
Name on Card: _				
Signature:				
-				

(Print or Type)

RIIFF FILM FESTIVAL REGULATIONS

1. Acceptance of a film does not guarantee airline or hotel accommodations for talent or production crew. 2. The festival is responsible for the one-way shipment of the print when leaving Providence after last play date to a location comparable from where the print originated. 3. The number of screenings, days and venue is at the sole discretion of RIIFF. 4. Permission for RIIFF to use an excerpt from any accepted film/video for promotional purposes (not to exceed 2 minutes) is hereby granted unless otherwise noted.

Signed	Print
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Name_____ Date_/_/___

Title

Company_____