



OFFICIAL 2011 ENTRY FORM

P.O. Box 162 • Newport, Rhode Island 02840 (United States) • www.RIFilmFest.org (Street Address: 36 Rhode Island Avenue, Newport, RI 02840)

Date of Submission: _____

Title of Project: _____

Applicant Email: _____

Web Site URL: _____

Applicant Name: _____ Production Company, if any: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Telephone Number: _____ Fax Number: _____

Director's Name: _____ Director's Email: _____

Producer(s) Name: _____ Producer's Email: _____

Screenwriter(s) Name: _____ Screenwriter's Email: _____

Is this a Student Film? Yes ___ No ___ Name of your School: _____

Film Category: Feature ___ Short ___ Documentary ___ Animation ___ Experimental ___

Genre: Action ___ Drama ___ Comedy ___ Romantic ___ Horror ___ Thriller ___ Sci-Fi ___ Other _____

Special Interest: Children's ___ Japanese ___ Jewish ___ Canadian ___ Gay/Lesbian ___ NE Filmmaker ___ Chinese ___

FILM DATA

Year Completed: _____ Film Budget (USD): _____ Run Time: ___ min.

Will this be a premiere? World ___ North America ___ U.S. ___ East Coast ___ NE ___

Exhibition Formats: 35mm ___ HDCAM ___ Digi-Beta ___ DVD ___ BlueRay ___

Aspect Ratio (IMP): ___ # of Reels (35mm) ___ • Sound: Mono Optical ___ Optical Dolby A ___ Optical Dolby SR ___

FILMMAKER INFO

Do you have an agent/manager? Yes ___ No ___ • If So, Name: _____ Phone: _____

Has this project been submitted to other Festivals? Yes ___ No ___ • Were you selected? Yes ___ No ___

Did you receive an award? Yes ___ No ___ • Festival/Awards List: _____

How were you introduced to us? Friend ___ Mail ___ Ad ___ Internet ___ • Name of Magazine/Paper: _____

Short Synopsis (125 Words) (as you would like it to appear in our program book): _____



ENTER THIS FILM IN THE FOLLOWING COMPETITIONS: *(check those that are applicable)*

- Rhode Island International Film Festival (August 14, 2011)
- RIIFF's Horror Film Festival (October 25-28, 2011)

FINAL APPLICATION CHECK LIST:

- Completed Entry Form
- DVD preview copy
- Entry Fee in US dollar, plus stamped postcard for confirmation of receipt of entry
- Signed Authorization Form

THE DEADLINE FOR ENTRY IS MAY 15, 2011. LATE ENTRY IS JUNE 1, 2011.

RIIFF FILM FESTIVAL REGULATIONS

Important: You must fill out this form, sign and submit it with your application

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; shipping will be to an equivalent point of origin within a three-week period from the Festival's close, unless arrangements are made in advance with the RIIFF Traffic team.
3. The number of screenings, days and venue is at the sole discretion of RIIFF. Programming is subject to change.
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.

I hereby warrant and represent that I am or my company is authorized to submit this production to the Rhode Island International Film Festival and to permit the Festival to perform the videotape/film during the Festival. I warrant and represent that the exhibition of the production at the Festival will not violate my copyright or any other right of any person, film or corporation. I understand and comply with the RIIFF guidelines, as stated in the Call for Entries procedures.

I hereby warrant and represent that I am or my company is authorized to submit this production to the Rhode Island International Film Festival and to permit the Festival to perform the video/film during the Festival. I warrant and represent that the exhibition of the production at the Festival will not violate my copyright or any other right of any person, film or corporation. I understand and comply with the RIIFF guidelines, as stated in the Call for Entries procedures.

UNSIGNED ENTRIES WILL NOT BE ACCEPTED.

Signed: _____

Print/Type Name: _____

Date: _____

Title: _____

Company: _____

PAYMENT INFORMATION

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, P.O. Box 162, Newport, RI 02840 USA.** (If you need a street address, please send to RIIFF at 36 Rhode Island Avenue, Newport, RI 02840 USA.)

SUBMISSION FEES:

Film Features/Video/Shorts	\$45 x _____	Student Rate:	\$25 x _____
Late Fee (after May 15, 2010)	\$10 x _____		\$10 x _____
	Total: \$		\$

• Tapes and any other materials sent to the RIIFF will be returned to you provided you include an insured SASE • Make your check or money order (US dollars drawn on a US bank) payable to the **Rhode Island International Film Festival™**, or charge to your credit card • Credit card orders can be faxed to (401) 490-6735.

Method of payment (check one):

Check Money Order Visa MasterCard American Express Discover

Credit Card Number: _____ Exp. Date: _____

Name on Card _____ Signature: _____

(Print or Type)