

OFFICIAL RIFF 201(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.**

SUBMISSION FEES*

Video/Film Shorts & Features	\$30 x _____	_____
Late Fee (<i>Films submitted after the June 15th deadline</i>)	\$10 x _____	_____
	Total :	_____

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

Method of payment (*check one*):

_____ Check _____ Money Order _____ Visa
_____ MasterCard _____ American Express Credit Card Number:
_____ Exp. Date: _____

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

Name _____ Date __/__/____

Title _____

Company _____