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 RIFF) Send your application, materials and payment to: RIFF • PO Box 162 • Newport, RI 02840 USA. PLEASE LABEL “STUDENT” ON PACKAGE.

SUBMISSION FEES*
Video/Film Shorts & Features $30 x ____
Late Fee (Films submitted after the June 15th deadline) $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:_________ 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

Name________________________________________ Date_/_/_____

Title___________________________________________

Company_________________________________________________________