

LOCH NESS FILM FESTIVAL 2017 SUBMISSION FORM

Submission deadline Thursday May 25th 2017

Name _____ Age _____

Address _____

Email Address _____

Entrants role in film _____

Film Details

Film Title _____

Synopsis :

Aspect Ratio _____ Film Length _____ Genre _____

Director _____

Writer(s) _____ Producer(s) _____

Website _____

Company (if applicable) _____

Copyright statement

By signing this you state that you own the copyright of your film, including all music used and permission for it to be screened at the Loch Ness Film Festival

Signature _____

Date _____

***IF SUBMISSION FEE IS NOT PAID THEN YOUR WILL FILM WILL NOT BE CONSIDERED FOR SELECTION**