

**LOCH NESS FILM FESTIVAL 2018 SUBMISSION FORM**

Submission deadline Friday May 25<sup>th</sup> 2018

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**