SUBMISSION FORM

ONE FORM PER ENTRY – PLEASE PRINT OR TYPE

PRINT SOURCE INFORMATION:
This information will be displayed in the film source program and listing.

Contact Name:

Address:

City: **State:** **Zip:**

Country of Origin:

Phone: **Fax:**

Email:

DIRECTOR CONTACT INFORMATION:

Director's Name:

Address:

City: **State:** **Zip:**

Phone: **Fax:**

Email:

FILM INFORMATION:

Title: **Production Year:**

Category: ❍ **Sci/FI** ❍ **Fantasy** ❍ **Horror** ❍ **Other**

Running Time:

Accepted Film Format: ❍ **DVD** ❍ **½ VHS**

Synopsis:

If your work is accepted and screened at OUTer Gay and Lesbian Science Fiction / Fantasy Film Festival, would this be a:

❍ **World Premier** ❍ **North American Premiere** ❍ **U.S. Premiere** ❍ **Texas Premiere**

RELEASE:

I authorize OUTer Gay and Lesbian Film Festival to exhibit the film, DVD or videotape submitted by me and agree to be bound by the festival rules and regulations for both exhibited films and films produced for the short film competition.

Signature: **Date:**

I authorize The OUTer Gay and Lesbian Science Fiction / Fantasy Film Festival to promote , distribute and exhibit under its authority and name, the film, DVD or videotape submitted and authorized by me to other film festivals outside of its own. I understand this is to further the exposure of my film, myself as a filmmaker and the OUTer Film Festival. If I choose not to participate in the program or change my mind about the participation of my film in the future, I will notify the OUTer Film Festival and officially withdrawal my film. I also understand that my film and it participation in the Competition portion of the OUTer Film Festival will no by effected by my choice not to participate in this exposure program

Signature: **Date:**

Printed Name: