



Spring Fling Film Festival
March 30th, 2012

Name of Film: _____.

Name of Group: _____.

Names of Group Members _____
_____ .
_____ .
_____ .

Style of Film/Genre: _____ . Total length of the film _____ .

Synopsis of film for placement in program (120 words):

_____.

Select your submission's categorie (please circle one) Veterans Newbies Outies

Contact Information:

Groups Name: _____.

Name: _____.

E-mail address: _____.

Phone: _____.

I, the undersigned, acknowledge, agree and have checked off the following:

- I have read, understood, and complied with all the the requirements.
- The film is not subject to litigation and is not threatened by litigation
- I understand that Middle of Nowhere Event and Sound is not responsible for loss or damage to submitted material.
- I understand that my film may not be selected for viewing but still wishes to submit.
- I am allowing my film submission to be used in the film festival and the production of 25 copies of a film festival DVD.

Signature _____ Date _____