

# CFCP CINEMA Submission Form

## ABOUT YOU

Please feel free to attach an extra page with information on yourself and your work.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

## ABOUT YOUR WORK

TITLE \_\_\_\_\_  
\_\_\_\_\_

FORMAT \_\_\_\_\_

DURATION \_\_\_\_\_

DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be present at the screening? YES NO

Do you want your work returned to you after the screening? YES NO

Please label your work clearly. Also, please note that there is no payment for screening.