

JUNIOR GALWAY FILM FLEADH SHORT ENTRY FORM

NAME: -----

ADDRESS -----

DATE OF BIRTH: -----

SCHOOL/COLLEGE ATTENDING: -----

CONTACT TEL: -----

EMAIL: -----

TITLE OF FILM:

Please specify:

DRAMA

ANIMATION

DOCUMENTARY

DURATION:

ASPECT RATIO:

SCREENING FORMAT: DVD

MINI DV

BETA (digi/sp)

DIRECTOR:

PRODUCER:

CAST:

SYNOPSIS (3 lines max) – please attach

Please indicate if your film has screened at other festivals?

IMAGES – if you film is selected we will contact you for an image (jpeg/tiff)

CLOSING DATE FOR SUBMISSIONS: 30TH August 2010

POST to: Short Submissions, Junior Film Fleadh,
Cluain Mhuire, Monivea Road, Galway