DEAFESTIVAL – KENTUCKY

Application for Short Film Showcase

Louisville, Kentucky
August 30, 2014

Interested Short Film producers must complete this application
prior to the July 11, 2014 deadline.

Name:_____

Mailing Address:_____

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

Daytime Phone:_(____)_____ **Home** _(____)_____

VP _(____)_____

Email Address(es): _____

Name of Film: _____

Genre: _____

Length:_____

My work can be viewed at (web address):_____

If chosen, I grant DeaFestival-Kentucky the right to show my film at their Short Film Showcase. I understand that this is a showcase and no money or prizes will be awarded. I also understand that I will be notified by July 25, 2014 if my film has been chosen.

_____ _____

(Signature) **(Date)**

Note: Typed signature is considered equivalent to written signature.

Please complete film synopsis and bio on the next page.

FILM SYNOPSIS:

BIO: