

SKIDMORE International Student Film Festival

Application for Skidmore Student Submission

Last Name: _____ First Name: _____

Class Year: _____ Email: _____ @skidmore.edu Phone #: _____

Did you get credit at Skidmore for making this film? _____

Reason for producing film: _____

Crew Members

Writer: _____ Director: _____

Producer: _____ Editor: _____

Other: _____

What genre is your film? _____

Please provide a brief synopsis of your film: _____

Please drop off this completed application form along with a DVD or VHS copy of your film at the Skidmore College Post Office addressed to Skidmore Student Film Festival. Please label you film with the title, your first and last name, and your phone number. Your film will not be returned .