

SKIDMORE International Student Film Festival

Application for Submission

Last Name: _____ First Name: _____

College or University: _____

The email address provided to you by your school (if applicable):

Title of film: _____

State, country or province of residence: _____

Phone number: _____ Genre of your film: _____

Crew Members

Writer: _____

Director: _____

Producer: _____

Editor: _____

Other: _____

Please provide a brief synopsis of your film: _____

I have read and understand all rules, submission guidelines, and legal stipulations that apply to submissions for the Skidmore International Student Film Festival (available on website: skidmorefilmfestival.com).

Signature: _____

Signature of parent/guardian (if under 18 years old):

All submissions must on DVD NTSC region 1 or VHS NTCS and clearly labeled with your name, your college, and the title of the film.

Entry fee must be in U.S. Dollars.

Send your submission and a *check* or *money order* made out to “Skidmore SGA”

for **\$15** to:

Skidmore International Student Film Festival
815 North Broadway
Saratoga Springs, NY 12866 USA