

ENTRY FORM

Deadline to submit your film(s): **December 30, 2017.**

A separate entry form is required for each submission.

FILM DETAILS

Original Title*	English Title*
<input type="text"/>	<input type="text"/>
Nationality of film*	Year of Completion
<input type="text"/>	<input type="text"/>
Production Company*	Distribution Company
<input type="text"/>	<input type="text"/>
Running Time*	
<input type="text"/>	<input type="text"/>
Is this your first film? *	Is this a student film? *
Yes No	Yes No
Name of school (if applicable)	
<input type="text"/>	<input type="text"/>

CREDITS

Director(s) *	Nationality*
<input type="text"/>	<input type="text"/>
Director's biography (75 words or less) *	
<input type="text"/>	
Animator(s) *	Layout
<input type="text"/>	<input type="text"/>
Storyboard*	Sound
<input type="text"/>	<input type="text"/>
Music	Editing*
<input type="text"/>	<input type="text"/>

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Other Key Roles (if applicable)

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COMPETITION CATEGORY

Egypt Short Film Competition

Egypt Short Student Film
Competition

International Short Film Competition

International Student
Short Film Competition

PREVIEW SCREENER

URL*

Password (if applicable)

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SYNOPSIS* (75 words or less)

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NARRATION/DIALOGUE*

None

Non-English (which
language?)

English

ENGLISH SUBTITLES*

Yes No

ANIMATION TECHNIQUES*

Cel

Painting

Stop Motion

Scratch

Puppet

Sand/Powder

Drawing

Photos

2D Computer

Clay

Pixilation

Cut-outs

SCREENING COPY*

DVD

Bluray

FORMAT*

PAL

NTSC

PREVIOUS FESTIVAL SCREENINGS

Festival

Year

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Award

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Festival

Year

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Award

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CONTACT INFORMATION

DIRECTOR

Name*	Address
<input type="text"/>	<input type="text"/>
Zip Code	City
<input type="text"/>	<input type="text"/>
Country*	Phone
<input type="text"/>	<input type="text"/>
Fax	Email*
<input type="text"/>	<input type="text"/>
Website	
<input type="text"/>	<input type="text"/>

PRODUCTION COMPANY

Company Name*	Address
<input type="text"/>	<input type="text"/>
Zip Code	City
<input type="text"/>	Giza
Country*	Phone
<input type="text"/>	<input type="text"/>
Fax	Website*
<input type="text"/>	<input type="text"/>
Contact person name*	Email*
<input type="text"/>	<input type="text"/>

RETURN CONTACT

Contact person*

Address

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Zip Code

City

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Country*

Phone*

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I ACCEPT THE TERMS AND CONDITIONS OF
THE FESTIVAL REGULATIONS

ALL THE FIELDS MARKED WITH * ARE MANDATORY