



Salford Film Festival Submission and Permissions Form

Original Film Title: English translation if relevant: Your name: Your position:																			
Film Details (Please fill in the relevant details as appropriate)																			
Director: Name: Full postal address: Country: Tel: Fax: Email:	Producer: Name: Full postal address: Country: Tel: Fax: Email:																		
Writer: Name: Full postal address: Country: Tel: Fax: Email:	Music: Name: Full postal address: Country: Tel: Fax: Email:																		
Lead Actor: Name: Full postal address: Country: Tel: Fax: Email:	Lead Actress: Name: Full postal address: Country: Tel: Fax: Email:																		
Country of origin:	Length:																		
Original language:																			
Original format: (Please tick the appropriate format) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">35mm</td> <td style="width: 33%;">Mini DV</td> <td style="width: 33%;">Beta</td> </tr> <tr> <td>Super 16</td> <td>DV Cam</td> <td>Sony Red</td> </tr> <tr> <td>16mm</td> <td>Digibeta</td> <td>Other</td> </tr> <tr> <td>Super 8</td> <td>HDV</td> <td></td> </tr> </table>		35mm	Mini DV	Beta	Super 16	DV Cam	Sony Red	16mm	Digibeta	Other	Super 8	HDV							
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Super 16	DV Cam	Sony Red																	
16mm	Digibeta	Other																	
Super 8	HDV																		
Total budget:																			
Did you receive any arts funding?	If Yes from whom:																		
Available formats for screening: (Please circle as appropriate and use an 'S' to indicate if it is subtitled) <table style="width: 100%; border: none;"> <tr> <td style="width: 16%;">35mm</td> <td style="width: 16%;">16mm</td> <td style="width: 16%;">DigiBeta</td> <td style="width: 16%;">HDCam</td> <td style="width: 16%;">Beta SP</td> <td style="width: 16%;">DVD</td> </tr> <tr> <td>Colour</td> <td colspan="5">Black & White</td> </tr> <tr> <td colspan="6">Ratio:</td> </tr> </table>		35mm	16mm	DigiBeta	HDCam	Beta SP	DVD	Colour	Black & White					Ratio:					
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Any questions, contact: Steve Balshaw, Programme Manager, Salford Film Festival,
 International Media Centre, Adelphi House, The Crescent, Salford M3 6EN, UK.
 +44(0)161 834 3537, stevebalshaw@hotmail.co.uk, info@salfordfilmfestival.org.uk,
www.salfordfilmfestival.org.uk

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Film Synopsis

Agreement & Permissions

Do you consent to your film/or an extract being shown in a press screening? Y / N
Do you consent to a short clip or still images of your work being used on our Website? Y / N
Do you agree to your film being included in other Salford Film Festival events, promotional and marketing materials?
Y / N

(It is understood that any relevant clearances have been sought by the submission holder, therefore Salford Film Festival will not be liable for any third party claims)

Name of contact for all correspondence:

Position:

Full postal address:

Country:

Tel:

Fax:

Email:

Where did you hear about the Festival?

Submission is not complete without providing at least 2 stills of the film on CD or by email. Please ensure that these stills are 300 dpi and are at least 7.5 x 5 cm or thereabouts. Please save the image as a JPG.

If you agree with the terms set out above please sign and date the form and return it to the address below. Thank you for your assistance.

Signed:

Date: