

RED CARPET INDIE FILM FESTIVAL
SUBMISSION FORM

FILM INFORMATION

TITLE: _____

PRODUCTION YEAR: _____ RUNNING TIME : _____

DIRECTOR(S): _____ PRODUCER(S): _____

WRITER(S): _____

CAST: _____

Brief synopsis(50 WORDS OR LESS PLEASE):

ORIGINAL LANGUAGE OF FILM: _____

(FILM MUST BE SUBTITLED IN ENGLISH FOR VIEWING)

WILL THIS BE A WORLD PREMIERE FOR THE FILM? Yes No

AMERICAN PREMIERE? Yes No

IF THIS IS NOT A PREMIERE, WHERE HAS IT SCREENED BEFORE? (List all screenings)

DOES FILM CURRENTLY HAVE DISTRIBUTOR? IF SO, PLEASE LIST THE DISTRIBUTOR

WHICH FORMAT IS YOUR PREVIEW COPY? DVD VHS

PERSONAL INFORMATION

SUBMITTER NAME: _____

TELEPHONE NUMBER: _____ FAX: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

I, _____, on this date of _____, have read the rules and regulations and I certify that I hold all necessary rights for the submission of this film.

Signature: _____

Send completed submission form, DVD or VHS preview copy and check or money order to:

**RED CARPET INDIE FILM FESTIVAL
C/O AUD/MAX
PO Box 1970
Trenton, NJ 08607
609-240-3653**

**PLEASE REMEMBER THAT IF SELECTED YOUR FILM MUST BE IN 35mm FORMAT.
DIRECTOR, CAST BIOS AND PUBLICITY STILLS MAY ALSO BE SUBMITTED WITH FILM.
(Please do NOT submit press kits until you are notified of an acceptance)**