



### **ENTRY FORM**

The information you provide on this form will be used in the Festival program and other promotional material if your film is selected for competition. Please ensure correct spellings of the names of your cast and crew. Please note your entry will not be accepted if your entry form is incomplete.

**To Be Completed and sent with entry**

Title of Film In English: \_\_\_\_\_

Title of film in Original Language: \_\_\_\_\_

Original Language: \_\_\_\_\_

Does the Film Have English Sub-titles: \_\_\_\_\_

**Please note, films made in languages other than English MUST have English subtitles**

Year Of Production: \_\_\_\_\_

Date Of Completion: \_\_\_\_\_

Country of Production: \_\_\_\_\_

Please list any other screenings of the film if any: \_\_\_\_\_

Please list any prizes the film has received: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Name of Producer: \_\_\_\_\_

Names of key cast: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone (including area code): \_\_\_\_\_

Email: \_\_\_\_\_

One Line Synopsis: \_\_\_\_\_

Synopsis (Max Fifty Words): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the film a high-school production? \_\_\_\_\_

*Please do not forget to include a digital image (per requirements) for publicity.*

*Do not forget to include a \$30 Check or money order made payable to the Jewish Museum re-Celluloid Soup Film Festival.*

*Send All Entries to:*

**Jewish Museum of  
Australia** c/o Celluloid Soup  
Film Festival PO Box 117  
St Kilda 3182,  
Victoria Australia

**(By submitting a film to Celluloid Soup Film Festival you agree that you have read all terms and conditions of entry and will abide by them)**

*Good Luck*