

ENTRY FORM
Connecticut Gay and Lesbian Film Festival

One application per title please! If submitting multiple works on one tape, please complete multiple forms.

Title of Entry (English): _____

Title of Entry (Original Language): _____

Country of Origin: _____ Year of Release: _____

How Long: _____ Language: _____

One-Sentence Synopsis: _____

Category: Fiction Documentary Experimental Animated

Format: NTSC 3/4" 16mm Optical 35mm Optical
 DVD Beta SP DVCam Other: _____

Director: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Email Address: _____

Distributor or Agent: _____

Will you be able to supply a 3-minute trailer? Yes No

Would someone involved in your film (director, lead actors, producers, screenwriter, etc.) be available to speak at our festival? Yes No

Instructions

- **Send entries to: Out Film CT, P.O. Box 231191, Hartford, CT 06123 (USA)**
- There is no charge for submitting work for consideration in our film festival.
- Entry deadline is March 1st of program year.
- If you want your preview tape returned, please include a self-addressed, stamped envelope. Or if you don't include a return envelope, send us a check (made out to Out Film CT) for \$10 U.S. (\$20 outside U.S.).

Return Address: _____

Agreement

- I certify that I hold all necessary rights for the submission of this film or videotape to the film festival.
- I have read and agree to be bound by the Film Submission Rules (see website for rules).

Signature

Date