

ENTRY FORM

Connecticut LGBT Film Festival

One application per title please! If submitting multiple works on one DVD, 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: DCP BluRay DVD 35mm Optical
 DVCam Beta SP Digital File 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)**
- Mailed DVDs are preferred, but we also accept screeners via secure links emailed to Director@OutFilmCT.org.
- There is no charge for submitting work for consideration in our film festival.
- Entry deadline is March 1st of program year.

Agreement

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

Signature

Date