

HELLOCITY SHORT FILM COMPETITION ENTRY FORM

FILMMAKER INFORMATION

Submitter: Film Director Film Producer Other
Submitter's Name:
Address:
City, State, Zip Code, Country:
Phone (Country and Region Codes):
E-mail Address:
Website:
Face Book ID:
FILM ENTRY INFORMATION
Original Film Title:
Is your short film subtitled in English? :
Director's Name:
Country of Production:
Date of Completion:
Running Time:
Film Format:
Film Category: Short (Fiction) Animation Documentary
Genre:
Language shot in:



FILM MAKER CATEGORY

Student

Independent

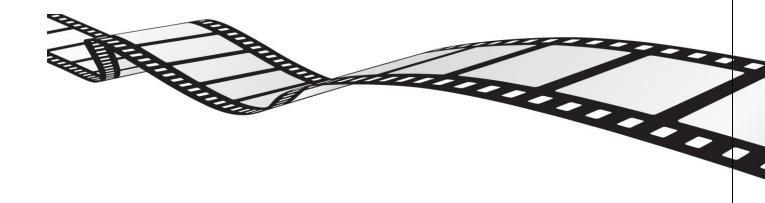
Has the film been shown at any other festival? If yes, indicate festival:

Has the film won any awards? If yes, indicate details:

Shooting Location:

Censorship (if you have censorship certificate from Govt. of India, please attach, But Censorship will not be applicable to any films / videos entered in the festival)

Any other/detail:





I have read the Rules and Regulations of HELLOCITY SHORT FILM COMPETITION and accept them. The information supplied in this form is true and accurate.

Signature

Date:

Place:

Name and Designation

Note: Kindly fill this "Entry Form" and revert back to us by post. Check Rules and Regulations document for address and other details.

