

# ECHO PARK FILM CENTER YOUTH FILM FESTIVAL ENTRY FORM

Please print this form and mail it with your submission.

PLEASE PRINT CLEARLY!

Film Title \_\_\_\_\_

Running Time \_\_\_\_\_ Date Completed (month/year) \_\_\_\_\_

Director(s) \_\_\_\_\_

Genre: experimental \_\_\_\_\_ documentary \_\_\_\_\_ narrative \_\_\_\_\_  
animation \_\_\_\_\_ other \_\_\_\_\_

Screening Format: DVD \_\_\_\_\_ Mini-DV \_\_\_\_\_ VHS \_\_\_\_\_ Super 8 \_\_\_\_\_

Has your film been shown publicly before? If so, where?

Was this film made as part of a school or community program? If so, please provide details.

Please provide a one or two sentence description of your film.

## Filmmaker Contact Information

Name: \_\_\_\_\_ \*Age: \_\_\_\_\_

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

City, State, Country, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*If the filmmaker is under 18, please have a parent/guardian provide name and signature below: I allow my child to submit his/her work for programming consideration as part of the 2008 Echo Park Film Center Youth Film Festival.

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail this form along with your submission to:

**Echo Park Film Center**

**1200 N. Alvarado Street, Los Angeles, CA 90026**

Entries must be received by Friday, April 18, 2008!!!!