

AMERICAN DOCUMENTARY SHOWCASE

ENTRY FORM:

Application Requirements:

***The entry form must be completed and included with the DVD of your film.**

Please send this form to:

**Betsy A. McLane
Showcase Director
3801 University Avenue
Suite 260
Riverside, CA 92501**

betsymclane@documentarydiva.com

Film Title: _____

General Information:

Applicants Name: _____

Nationality: _____

Address: _____

City: _____

State: _____ Province: (If outside U.S.) _____

Postal Code/Zip Code: _____

Country: _____

Phone Number: _____

Email: _____

Website: (If applicable) _____

Permanent Address: (If different from above) _____

City: _____

State: _____ Province: _____

Postal Code/Zip Code: _____

Country: _____

Your involvement in this film: _____

Film:

Film Title: _____

Director: _____

Production Company: _____

Year of Production: _____

Running Time: _____

Has this film been shown at other Film Festivals? _____

Which ones? _____

Has this film won any awards? _____

Which ones? _____

Cinema Distribution? Yes No

National: Yes No

International: Yes No

Television Broadcast: Yes No

Stations: _____

Film Synopsis:

Have you enclosed any press or promotional materials with your submission?

Yes No