

HORROR QUEST 2011

OFFICIAL ENTRY FORM

Title:	
Director:	
Address:	
City, State, Zip:	
Telephone:	
E-mail/Website:	
Running Time:	
Date completed:	
Film synopsis: (50 words or less)	
Additional info: (cast, trailer link)	

All entries must be post marked before Aug, 23; All questions on this entry form must be completed to be considered. Submissions received after 8/23/2011, will be automatically entered into the following year. Notification of acceptance into HorrorQuest will occur no later than September, 30 ... Submissions must be clearly labeled... All submissions grant Horror Quest the right to use video or images for promotional use.

I, the undersigned, represent and warrant that I have full legal right and authority to submit the mentioned film for consideration by Horror Quest Film Festival, and that all necessary consents, licensing, and approvals have been obtained. I understand that my submission is in no way a guarantee of acceptance into Horror Quest.

Signature: _____ Date: _____

Please mail submission and entry form to:

HORROR QUEST
457 Nathan Dean Blvd.
Suite 105-319
Dallas, Ga, 30132