



SUBMISSION FORM

HORROR * FANTASY * SCI-FI * THRILLER * DARK DRAMA * SCREENPLAY
PHILADELPHIA PA * WWW.TERRORFILMFESTIVAL.NET

FILM ENTRY FORM

Please complete this form and then mail it in with the materials listed below to the address below. Please print CLEARLY. We want to spell your information correctly! Thank you.

Film Title _____

Director(s) _____

Producer(s) _____

Principal Cast _____

Production Company _____

Website http:// _____

This film is _____ minutes (including credits, rounded UP to the next minute)

This film is a Work-In-Progress (TFF accepts Works-In-Progress) ____ Yes ____ No

The main language of this film is _____
(TFF only accepts films that are in English, or have been dubbed or subtitled in English)

Is this film dubbed or subtitled? Dubbed ____ Yes ____ No Subtitled ____ Yes ____ No

What genre of film are you submitting as (choose one)? Horror Fantasy Sci-fi Thriller Drama

The submitted format of this film is (check all that apply) ____ DVD ____ VHS

Has this film won any awards? ____ Yes ____ No

If yes, please list the awards _____

How did you hear about Terror Film Festival? _____

SHIPPING OPTIONS (Please use one of the following):

* **Your Local Postal Service:** SHIP TO: Terror Film Festival, P.O. Box 823, Malvern PA 19355 USA

* **FedEx:** Terror Film Festival (610) 889-4928, c/o FedEx, 176 Lancaster Ave, Malvern PA 19355 USA
(Please instruct them to “**HOLD at FedEx Location for Pick Up**”)

* **UPS:** Terror Film Festival (610) 889-4928, c/o UPS, 1200 Ward Ave, West Chester PA 19380 USA
(Please instruct them to “**HOLD at UPS Location for Pick Up**”)



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FILM ENTRY FORM

Name of Main Contact Person _____

Mailing Address _____

City _____ State or Province _____

Zip _____ Country _____

Cell Phone _____ Other Phone _____

Email _____

By signing below, I, the undersigned, acknowledge that I have read and agree to the Terror Film Festival Terms and Conditions available on the Terror Film Festival web site. I acknowledge that I have given factual and truthful information in the completion of this form, and that I am legally authorized to represent this submitted film entry. I understand that all materials submitted to Terror Film Festival will not be returned.

Name of Person Submitting This Application _____

Your Relationship to this Submitted Film _____

Print Legal Name _____

Legal Signature _____

Date _____

Please make checks and/or money orders payable to “**Terror Film Festival**” (U.S. dollars only). All payments to TFF are non-refundable.

SUBMISSION CHECKLIST:

- _____ Submission Entry Fee (Check or Money Order, US dollars)
- _____ TWO (2) copies of my film (DVD Region 0 or 1)
- _____ Completed and Signed Submission Form

FILM SUBMISSION DEADLINES:

- Mar 01 - Apr 07 Earlybird Deadline \$40
- Apr 08 - May 31 Regular Deadline \$50
- Jun 01 - Jul 15 Late Deadline \$60
- Jul 16 - Aug 07 Filmmaker Hospitality Deadline \$65
- Aug 08 - Aug 14 Zombie Really Late Deadline \$70
- Aug 15 - Aug 21 WAB Extended Deadline \$90