

Barrington-Area Film Festival Submission Form

Director Name:
Film Title:
Run Time (or, How Long is Your Film?):
Film Format (Quicktime, Apple ProRes, or MPEG4):
Film Category (Please select one only):
! Narrative ! Documentary ! Animation ! Experimental ! Other_____

Contact Person:_____

Address:_____

Contact Phone:_____

Contact Email:_____

I, the undersigned, represent and warrant that I have full legal right and authority to submit the mentioned film for consideration by the Catlow Local Shorts 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 the festival, nor has any employee from the BAFF guaranteed my acceptance into the festival prior to submission.

Signature_____

Date___/___/___

If filmmaker is under 18, signature of parent or guardian acknowledging above release information:

Signature_____

Date___/___/___

Mail form with film to:

**Barrington-Area Film Festival
Catlow Theater
Attn: Tim Troemner
116 W. Main St.
Barrington, IL 60010**

Or drop off in person at The Catlow or Boloney's next door.