

ABILITIES ARTS Festival

A CELEBRATION OF DISABILITY ARTS AND CULTURE

2009 "Projections" FILM FORUM – Abilities Arts Festival's International Film Showcase

ENTRY FORM

Title:

Language:

Country of Origin:

Running Time:

hours minutes seconds **Release Date:** year

Director/s

Writer/s

Producer/s

Cast

Category/Genre

- feature short documentary animation
 dance educational Performance
 Other (specify)

NOTE: Categories are subject to change. Final category placement is at the discretion of the jury and/or director

Audience

- General public children teen adult
 Other (specify)

Film Description – (How you would like it to appear in our catalogue – maximum 100 words)

Awards and Recognition

Please list any awards, the film has won and when and where it received the prize.

Name of Award	Date of Award	Awarded by Whom	Where

NOTE: Please attach to this entry any reviews and supplementary materials that could assist in publicising your production

Technical Information:

- Preview Tape Format VHS NTSC VHS PAL DVD Region 1
- Film: 16mm 35mm
- Electronic Format: NTSC PAL SECAM
- Media Format: DVD VHS Mini DVD DVCam Other
- Sound: Mono Stereo Stereo Dolby Encoded

Accessibility - Is your work....

- captioned subtitled
- audio-described signed / sign language interpreted

NOTE: Captioning means the sound is transcribed/described as text on the screen. Visual description means an additional narrative audio track that describes the video.

Screening – Will this screening be a premiere?

- World Premiere Canadian Premiere Ontario Premiere Toronto Premiere
- Previously screened (specify where)

Meeting the Eligibility Criteria

Please identify which creative and/or artistic positions were filled by film-makers/ artists with disabilities.

- Producer Director Writer Actor
- Other (specify)

Contact Information

Name: _____ Company: _____

Address: _____

City: _____ Prov./State: _____ Postal Code: _____ Country: _____

Phone Number: _____ Cell Number: _____ Fax: _____

E-Mail: _____ Website: _____

NOTE: Contact Information is used for all communications regarding this application.

Catalogue Information

Name: _____ Company: _____

Address: _____

City: _____ Prov./State: _____ Postal Code: _____ Country: _____

Phone Number: _____ Cell Number: _____ Fax: _____

E-Mail: _____ Website: _____

NOTE: Catalogue Information will be used in the Abilities Arts Festival "2009 FILM FORUM" catalogue with the film description and for any other publications where public contact information is required.

Agreement

I attest that I am the person responsible for making the decisions to enter material in Abilities Arts Festival's "2009 PROJECTIONS FILM FORUM" and

- I allow Abilities Arts Festival to exhibit my entry during the Festival.
- I allow Abilities Arts Festival to create a captioned version for screening, and exhibit excerpts of my entry before, during and after the festival for the purposes of promoting my work and the Festival.
- I allow Abilities Arts Festival to print information about my entry, if accepted for screening, on its website and in other promotional and program materials.
- I certify to Abilities Arts Festival that the film does not infringe on any rights, including copyright and third party and all necessary permissions to enter the film have been obtained.
- I understand that in sending my entry to Abilities Arts Festival – "2009 PROJECTIONS FILM FORUM" that I indemnify, release and hold harmless The Festival of any damage or loss that might happen to my entry.
- I indemnify, release and hold harmless, Abilities Arts Festival, its managers, sponsors, co-sponsors, individual and institutional supporters from any liability related to the use of my entry.
- I understand that if opportunities arise to exhibit my entry in any medium outside of Abilities Arts Festival, I will be contacted for approval and discussions regarding potential fee negotiation, prior to any exhibition.

Yes, I authorize Abilities Arts Festival to keep my submission for use as part of its viewing library.

I have read, understand and acknowledge the conditions of entry to Abilities Arts Festival – 2009 PROJECTIONS FILM FORUM and agree to be bound by them.

Signature

Date

Name (Please Print)