

APPLICATION FORM

To be received by 19th September 2008



Entrant Details:

Name: _____

Address: _____

Email: _____

Phone Numbers: _____

Film Information:

Film Title: _____

Super 8 mm Digital Animation *please select*

Creative Team: _____

Music Credit: _____

Synopsis: _____

Agreement to Participate:

The producer grants the PORT SHORTS FILM FESTIVAL the right to:

- a) Exhibit the film at the PORT SHORTS FILM FESTIVAL or not.
- b) Reproduce the film in part or in total for inclusion on the Port Shorts website or for any other promotional purposes.

The producer warrants to PORT SHORTS FILM FESTIVAL that they have obtained all the necessary permissions to enter the film and that the film does not infringe the rights, including the copyright of any third party.

I have read and acknowledged the conditions of entry to the PORT SHORTS FILM FESTIVAL and agree to be bound by them.

Entrant/Producer: _____

Signature: _____

Date: _____

**attach with your film & \$30 AUD entry fee
(cheque or money order) & post to -**

**Port Shorts 2008
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Port Douglas, 4877, Queensland, Australia
info@portshorts.com
www.portshorts.com**

