**GRAND MESA FILM FESTIVAL**

**SUBMISSION FORM**

**Please complete this form and submit it, with your film, to** **info@gmaec.org**

*(Submit one form per film)*

DIRECTORS NAME-

EMAIL ADDRESS-

PHONE NUMBER-

FILM CATEGORY- ADULT (18+) YOUTH (17 & YOUNGER)

FILM TITLE-

SYNOPSIS OF THE FILM (MAX 50 WORDS)-

DIRECTOR’S SHORT BIOGRAPHY (MAX 50 WORDS)-

By signing this form, the undersigned declares that all the information above is true and that I have read and agreed with the Submission Criteria of the GRAND MESA SHORT FILM FESTIVAL.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_