



## IFP/Chicago ROUGH CUTS/SHORT CUTS Entry Form

THIS FORM MUST BE TYPED OR HANDWRITTEN NEATLY.

TITLE OF FILM OR VIDEO: \_\_\_\_\_

DIRECTOR/PRIMARY CONTACT PERSON: \_\_\_\_\_

IFP/Chicago Member #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME OF DIRECTOR OF FILM/VIDEO (IF DIFFERENT THAN PRIMARY CONTACT): \_\_\_\_\_

RUNNING TIME OF FILM OR VIDEO: \_\_\_\_\_

CAN THE FILM/VIDEO BE SCREENED ON DVD? \_\_\_\_\_

SYNOPSIS: (Please do not ask for us to refer to other enclosed materials. Two sentences max.)

\_\_\_\_\_  
\_\_\_\_\_

### FEE PAYMENT INFORMATION:

A check or money order for \$20 (for IFP/Chicago members) or \$25 (for non-IFP/Chicago members), payable to IFP/Chicago will be accepted. Please write the name of the film/video you are entering on the check. Please do not send cash. Or pay by Visa/ Mastercard.

Card No. \_\_\_\_\_ Expiration Date of Card: \_\_\_\_\_

Is the card a \_\_\_ Visa or \_\_\_ Mastercard? Cardholders Signature: \_\_\_\_\_

### PARTICIPATION AGREEMENT:

The Director or the person submitting the film or video to the Flyover Zone Short Film Festival, organized under the auspices of IFP/Chicago agrees:

1. IFP/Chicago has the right to use video excerpts and photo stills from the film or video for publicity or promotional purposes.
2. IFP/Chicago is not responsible if the film or video is damaged during shipping.
3. The undersigned is legally authorized to enter this film or video in the Flyover Zone Short Film Festival.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Mail Entry To:

**IFP/CHICAGO**  
**1104 S. Wabash, Suite 403**  
**CHICAGO, IL 60605**

**QUESTIONS? PLEASE CALL 312-235-0161 OR E-MAIL US AT CHICAGO@IFP.ORG.**