

**SANTA MONICA TEEN FILM FESTIVAL
JUNE 20 & 21, 2009**

ENTRY FORM

Film Title: _____

Who should we contact if we have questions about your film?

Name(s) & Age(s): _____

Address: _____

E-Mail: _____

Phone: _____

School: _____

Film Length: _____ minutes

Please choose a category that best describes your film.

Category: Live Action / Documentary / Animation / Music Video / Experimental

Please provide a brief summary of your film:

Will you be applying for the Santa Monica Budding Filmmaker award? Y___ / N___

If so, please attach a brief statement answering the following questions:

- What are your career aspirations in filmmaking?
- Why do you feel you should win this award?

NOTE: You must be a Santa Monica resident to apply for this special award.

Please sign below to give us permission to (1) Show your film at the SM Teen Film, Festival (2) Show your film on Santa Monica City TV (3) Use some or all of your film to promote the film festival as well as on-going teen programs in Santa Monica.

If 18 or older sign here: Signature: _____ Date: _____

If under 18 please have your parent or legal guardian sign for you on the line below:

Parent or legal guardian: Signature: _____ Date: _____

Please drop off this “entry form” along with a DVD copy of your film at the Youth Reference Desk at the Main library during regular business hours. Or the Teen Center at Virginia Avenue Park M-F between the hours of 3:30-8:00 PM. Or you can mail your completed entry form and DVD to:

Santa Monica Teen Film Festival
Santa Monica Public Library c/o Erica Cuyugan
601 Santa Monica Blvd. S.M., CA. 90401

You will be notified upon receipt of your entry. Questions? Call (310) 458-8634.