International Christian Film Festival
2020 Entry Form

Title of Film:
Director 1: First Name Last Name
Director 2: First Name Last Name
Director 3: First Name Last Name
Producer 1: First Name Last Name
Producer 2: First Name Last Name
Producer 3: First Name Last Name
Writer 1: First Name Last Name
Writer 2: First Name Last Name
Writer 3: First Name Last Name
Contact Address:
City:
State/Province: Zip/Postal Code:
Country:
Contact Phone: Fax:
E-mail:

PRODUCTION NOTES:
Country of Production:
Production Format:
Camera:
Editing System:
Film Budget: $

Genre:
Screening Format:
Running Time:
Date Completed:
Previous Festivals, Screenings, if any:

If film is selected for International Christian Film Festival it will be a:
World Premiere U.S. Premiere Neither
Synopsis of film:
Please limit synopsis to 40 words or under.

Does your film have a distributor?
No Yes
How did you hear about the International Christian Film Festival?

I have read the regulations of the International Christian Film Festival and accept them. By signing this form I will be agreeing to these regulations.

Signature (Your Name) Title (Director or Producer)

Please mail your DVD and entry form to:
International Christian Film Festival - P.O. Box 51891 - Irvine, CA 92619-1891