

## ENTRY FORM

# Connecticut LGBT Film Festival

(One form per film submission, please.)

Title of Entry (English): \_\_\_\_\_

Title of Entry (Original Language): \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Year of Release: \_\_\_\_\_

How Long: \_\_\_\_\_ Language: \_\_\_\_\_

One-Sentence Synopsis: \_\_\_\_\_

Category:  Fiction  Documentary  Experimental  Animated

Format:  DCP  BluRay  DVD  35mm Optical  
 DVCam  Beta SP  Digital File  Other: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

Distributor or Agent: \_\_\_\_\_

Will you be able to supply a 1-2-minute trailer?  Yes  No

Would someone involved in your film (director, lead actors, producers, screenwriter, etc.) be available to speak at our festival?  Yes  No

### **Instructions**

- Online screeners via secure links should be emailed to Director@OutFilmCT.org.
- Or DVDs can be mailed to: Out Film CT, P.O. Box 231191, Hartford, CT 06123 (USA)
- There is no charge for submitting work for consideration in our film festival.
- Entry deadline is March 1<sup>st</sup> of program year.

### **Agreement**

- I certify that I hold all necessary rights for the submission of this film to the film festival.
- I have read and agree to be bound by the Film Submission Rules (see website for rules).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date