



SUBMISSION FORM (Pg 1/3)

CONTACT INFO

Submission Date:		Name
Title	Company	Phone (Day)
Address		Phone (Eve)
City, State, Zip		Phone (Cell/Pager)
E-Mail Address		Home Page
<input type="checkbox"/> IFP member	IFP Member #	<input type="checkbox"/> Non-Member

FILM INFO

Film Title:	Original Format:	<input type="checkbox"/> Color <input type="checkbox"/> B/W
Film Website:		<input type="checkbox"/> Film <input type="checkbox"/> DV <input type="checkbox"/> Video
Director Name:	Mon/Yr Completed:	
Producer Name:	State Film Shot in:	
Screenwriter Name:	Budget:	
Editor Name:	Total Run Time:	
DP Name:	Aspect Ratio:	

Crew Names	Crew Titles	Cast Names	Character Played

FILM SUMMARY FOR PRESS RELEASE This information will be used on the website and all publicity information distributed IFP/PHX and may be copied verbatim. 100 word limit.

FILM HISTORY Previous Screenings/Festivals/Awards

FILMMAKER BIOS This information may be used on the website and all publicity.

FOUR SEASONS SUBMISSION FORM (Pg 2/3)

Certification of Entrant

I, the undersigned, have read, understood and initialed each provision listed below, and I accept and agree with each of the following provisions:

1. I have read, understood and complied with all eligibility requirements. _____
2. To the best of my knowledge, all of the statements in this document are true. _____
3. This film is not subject to litigation nor is threatened by any litigation. _____
4. I am duly authorized to submit this film to IFP/PHX and its FOUR SEASONS SHORT FILM CHALLENGE Competition and understand that the Phoenix Film Foundation and IFP/PHX holds the right to screen my film for screenings, broadcast, DVD Distribution and promotional purposes and to extract clips from this film for promotional purposes. _____
5. In the event the designated party is unable to attend the awards ceremony, I understand that the director and/or producer of the film as listed in the credits of the film shall accept any and all awards in their stead. _____
6. The total length must be no longer than 3 minutes, including titles and credits. 40 seconds of color bars plus 20 seconds of black must be included at the beginning (does not count in 3 mn limit); film should begin at 1 minute. _____
7. Aspect ratio must be clearly marked on tape and submission form. _____
8. Entries are non-returnable and must be submitted on DVD format for screening and selection process. _____
9. If film is selected to be screened, I must supply film in Mini-DV format (may submit both DVD and MiniDV at time of entry). _____
10. All paid entries will be automatically submitted to the Phoenix Film Festival and/or International Horror and Sci-Fi Film Festival for consideration; the film will go through the Festival screening process that is run independently from IFP/PHX. The FOUR SEASONS winners are an automatic selection for the PFF and/or IHSFF. _____
11. Filmmaking teams may submit more than one entry. There is an entry fee for each film submitted. _____
12. Independent jury will choose selected competition films and specialty prizes. _____
13. IFP/PHX and FOUR SEASONS have the right to use my name, photograph, likeness, voice and sounds in connection with FOUR SEASONS and IFP/PHX. _____
14. I/we will indemnify, defend and hold harmless IFP/PHX, its employees, sponsors, judges, individually and collectively, including their heirs, personal representatives, officers, directors, successors and assigns, from and against all claims, demands, losses, damages, costs, judgments, liabilities and expenses (including attorney fees) arising out of or in connection with any and all claims of third parties, whether or not groundless, based on any film or other materials submitted by me to IFP/PHX's FOUR SEASONS. _____
15. I/we shall be solely responsible for taking all necessary steps to establish and protect my/our copyright in the submitted material, and IFP/PHX's FOUR SEASONS shall have no obligation with respect thereto. _____
16. I/we hereby agree to abide by the decisions of the IFP/PHX staff with regard to all matters and decisions, including those decisions involving their sole discretion, relating to the IFP/PHX's FOUR SEASONS. _____
17. Should the submitted film rank in the Top 5, I understand it will move on to an additional competition in Spring, 2008. _____
18. I agree to allow the unrestricted use and license of the film in a DVD compilation and distribution with a share of the net revenue being divided amongst the participating filmmakers. _____
19. I/we have read all of the rules, regulations and releases, understand them, and have complied with them. I/we understand that failure to adhere to IFP/PHX's FOUR SEASONS rules, regulations, and releases will result in disqualification from screening, web distribution or any other related IFP/PHX activities. _____

Signed: _____ Date: _____

Print/Type: _____

FOUR SEASONS SUBMISSION FORM (Pg 3/3)

FEES (select appropriate category; subject to verification by IFP/PHX)

Independent Feature Project Member # _____

Non-Member

- Fall Challenge \$40
 Winter Challenge \$40

- Fall Challenge \$60
 Winter Challenge \$60

Each film must have a separate completed submission form.

DEADLINES

Fall Challenge:	Tuesday, October 23, 2007 • 4:00 pm
Winter Challenge:	Tuesday, January 29, 2008 • 4:00 pm

PAYMENT

<input type="checkbox"/> Enclosed is a CHECK in the amount of \$ (Made out to IFP Phoenix)	Check #
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<input type="checkbox"/> Please charge \$ _____ to my CREDIT CARD	# _____	
<input type="checkbox"/> MC <input type="checkbox"/> VS <input type="checkbox"/> AMEX		
Signature _____	CID # _____	Exp Date _____

COMPLETED APPLICATION MUST INCLUDE:

(Incomplete entries will not be considered)

- A completed copy of this Entry Form
- DVD copy of the film
- Mini DV format of film
- Credits: a complete principal cast and production credits list (listed on this form is acceptable)
- Press Kit if available
- Entry fee in full: Make checks payable in US dollars to IFP Phoenix. US money orders, Credit Cards (VS/MC/AMEX) also accepted.
- Ship with proper packaging and postage or drop off to IFP/PHX, 1700 N 7th Avenue, Suite #250, Phoenix, AZ 85007. Office hours are Monday-Thursday, 9 am-5 pm, Friday 9 am – 3 pm.

I understand and agree with the above rules and regulations. If my film fails to meet the requirements, it cannot be considered in the competition.

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received	App Complete <input type="checkbox"/> Y <input type="checkbox"/> N	Receipt Sent Date and initials:	Date logged:
Staff Initials	Date CC/Check Processed	Approval Number:	Logged by: