



## OFFICIAL ENTRY FORM

*(please fill in entirely)*

### Feature Films / Short Films

Original Title:

Title into English:

Production Year:

Running Time:

Original language:

Subtitle language:

*FORMAT: We accept only DVD - Region 1*

Synopsis - *(maximum 5 lines):*

### Credits

Nationality:

Producer/s:

Director:

Editor:

Music:

Screenwriter:

Animation:

Cinematography:

Cast:

## **Address to Notify**

Distribution Co, Production Co, Applicator's Name:

Street Address:

City:

Postal Code:

Country:

E-mail:

Fax:

By submitting this film, you agree that you have permission from the producer of the film to do so, and full rights to make this application to the Mythic Film Festival.

Please fill in this form entirely and send along with dvd screeners to:

**Mythic Film Festival  
c/o Lisa Stock  
489 Columbus Ave.  
#2D  
New York, NY 10024**

All questions may be sent to **[mythicfilmfest@gmail.com](mailto:mythicfilmfest@gmail.com)**

Thank you! We look forward to reviewing your work. Those selected into the festival will be notified @ April 3<sup>rd</sup>, 2010.

[www.MythicFilmFestival.com](http://www.MythicFilmFestival.com)

<http://mythicfilmfest.wordpress.com/>