



SUBMISSION FORM

All materials must be received by **May 6th, 2019.**

PRINT LEGIBLY OR YOUR ENTRY MAY BE DENIED

Name of Filmmaker(s): _____

Age(s): _____

Phone Number: _____

Email Addresses: _____

Name of School: _____

Title of Film: _____

Exact Film Length (including titles/credits): _____ min _____ sec

Short Description of Your Film: _____

Filmmaker Signature: _____

By signing this form you agree to the terms and conditions of The Williston Northampton School Film Festival (which can be viewed online at

<https://www.williston.com/visual-and-performing-arts/film-photography/williston-film-festival/>

Also, you give The Williston Northampton Film Festival the right to use images and audio from your film for promotional material.

**E-Mail this form along with your film using WETRANSFER to:
EHING@WILLISTON.COM**

**The Williston Northampton School Film Festival
ATTN: Edward Hing
413 529 3219**