

Big Island Film Festival May 26-30, 2016

OFFICIAL ENTRY FORM

Please type or print legibly.

English Title	
Country of Origin	Date Completed
Contact Person	
Company (if any) _	
Contact person's re	ole in project
Contact person's a	ddress
City	
State and Zip Code	
Contact Phone	Fax
Email	
Website	
Director	
Producer	
Screenwriter	
	***On Separate sheet list Principal Actors and Crew ***

Logline:

Screener Original Shooting Format 35MM __ 16MM __ DV __ Mini DV __ Other __

Aspect Ratio 1.66 _____ 1.85 ____ 2.35 ____ 16x9 ____ 4x3 ____

Running Time _____

Category Feature ____ Short ___ Animated Short ___ Animated Feature ____ Family Feature ___ Family Short ___ Student Feature ____ Student Short ____ Hawaii Feature ____ Hawaii Short ____

If selected this will be World Premiere __ US Premiere __ West Coast Premiere __ Hawaii Premiere __

List any Screenings, Festivals and Awards (use separate paper, if needed)

Are you a BIFF Alumni? ____ If yes, what year? _____ Was movie filmed in Hawaii? ____ Does Filmmaker live in Hawaii? ____ How did you hear about us? Internet __ Word of mouth __ Website __ Advertisement__ List Ad

Fees and Deadlines

Early: Nov. 1, 2015 (postmark);	Regular : Jan, 1, 2016	Late: Feb. 1, 2016
Feature (over 60 minutes) \$50	\$60	\$ 70
Short (under 30 minutes) \$40	\$50	\$60
Student (with photocopy of ID) \$30	\$35	\$40

Save 25% if filmed in Hawaii or Hawaii resident filmmaker or Alumni with no other discounts applying. No Hawaii or Alumni discount on students. Discounts for Hawaii films, Hawaii resident filmmaker or Alumni must be submitted directly.

Payment

Check ____ Money Order ___ Payable to **Big Island Film Festival** Credit Card MC ___ Visa __ Amex ___

Card Number _____

Exp. Date ______ *CVC Number _____

* CVC Number: MasterCard and Visa - CVC# is the last three digits on the strip on the backside of your credit/debit card. American Express - your four digit CVC# is located above your embossed card number on the front of your credit card.

I Utal Alloulli Due (US Dollais	Total Amount Due	(US Dollars)
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Cardholder Name _____

Billing Address _____

Signature _____

Checklist for direct submission

- __ Completed and Signed Entry Form
- ____ DVD screener (NTSC only) or BluRay
- ___ Separate sheet listing of Principal Actors and Crew
- ___ Entry Fee
- ___ Optional Media Kit (Mandatory if selected)

Send Materials to: Big Island Film Festival 68-1851 Lina Poepoe St. Waikoloa, HI 96738

Contact info Fax: 808-883-0254 Email: <u>info@bigislandfilmfestival.com</u> or <u>bigislandff@aol.com</u> (office) <u>www.bigislandfilmfestival.com</u>

I have read, understand and agree to Big Island Film Festival
Eligibility and Submission Rules and Requirements. I give Big
Island Film Festival, LLC the authority to use submission
information and media materials to promote the film and the
festival. I am duly authorized to submit this film to Big Island
Film Festival.

Name	

Signature _____

Parent/Guardian (if under 21) _____

Date _____