



SHORT FILM CHALLENGE 2009
REGISTRATION FORM

Parental consent must be obtained for people aged 13.
(Please print and tick appropriate boxes)

Team Name/Film Name: _____

Contact Name/ Producers name: _____

Contact Address: _____

Contact email: _____

Contact Phone: _____

Male [] Female [] Age _____

Directors Name/ Alternative Contact: _____

Contact Address: _____

Contact email: _____

Contact Phone: _____

Directors Signature: _____

Parent/ guardian signature (13 years & under): _____

Male [] Female [] Age _____

Length Of film: _____ Note: Films over 10 minutes including credits will be disqualified.

Is your entry? (Please tick one only)

Comedy [] Drama [] Animation [] Horror [] Action [] Film Noir []

Documentary [] Musical [] Other _____

Please give a short synopsis of the film (maximum 3 sentences). This information will be used for press releases and the Premier programme.

Four horizontal lines for writing the synopsis.

Entry Check List

1. Film
2. \$25 entry fee
3. Signed Conditions of Entry
4. Completed Registration form
5. 1 page background statement

YOUTHTOWN *Filmworks*

Writers Name _____

Male Female Age _____

Signature: _____

Parent/ guardian: _____

Cinematographer: _____

Male Female Age _____

Signature _____

Parent/ guardian: _____

Sound: _____

Male Female Age _____

Signature: _____

Parent/guardian: _____

Editor: _____

Male Female Age _____

Signature: _____

Parent/ guardian: _____

Cast: _____

As: _____

Male Female Age _____

Signature: _____

P/G: _____

Cast: _____

As: _____

Male Female Age _____

Signature: _____

P/G: _____

Cast _____

As: _____

Male Female Age _____

Signature: _____

P/G: _____

Cast _____

As: _____

Male Female Age _____

Signature: _____

P/G: _____


Cast _____

As: _____

Male Female Age _____

Signature: _____

P/G: _____

 **Cast may include actors, musicians or performers of any kind. Please continue on a separate sheet**

Fill in this form and send with your movie to:

**Dionne Afutoto
Youthtown Inc
PO Box 5899
Wellesley St
Auckland**

Or drop into Youthtown at **68A Nelson St, Auckland Central.**

This registration form, your movie and other supporting material must arrive at our Post Office Box or Nelson St premises by **6pm, Friday 24th July 2009** to be eligible. A separate form must be supplied with each movie entered.

Producer's signature _____

Date _____

P/G signature: _____