

Edinburgh International Film Festival June 2010

Edinburgh Schools Films Screening

Primary School Screening

Secondary School Screening

Family Screening

Film Submissions Form

Name of Film :

Length :

School :

Phone No :

Main Contact for Film Project :

Email address :

Young Film-Makers:

Class/Year

Genre

Subject Matter

Active Involvement Level :

Filming Start Date _____

Completion Date _____

If your film is longer than 5 mins are you happy – if chosen by the Jury - for a 5 minute extract to be shown at the Edinburgh Film Festival? _____

Preview Copy for Selection Panel : DVD only _____

If the Jury choose your film for a Festival Screening

Do you have a DV Master Tape ? _____

Do you need help to make one? _____

Is it only available on DVD? _____

Will you be able to submit your School film to the Selection Panel by the First Date of Tuesday March 30th? _____

Or (in exceptional circumstances)

Final Date of Friday April 23rd? _____

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