



FILM ENTRY FORM

Please complete all required fields* and print this form.
Submit only one (1) film title per entry form.

CONTACT INFORMATION

*Production Company _____

*Mailing Address _____
Shipping Address _____

*City _____

*Province _____ *Postal Code _____ *Country _____

*Contact Name _____

*Title / Position _____

*Bus Telephone _____ Home Telephone _____
Facsimile _____ Other (Cell, etc) _____

*Email _____

*Website _____

FILM INFORMATION

*Title _____

*Producer _____ *Director _____

*Duration (min) _____ *Format _____

*Year produced _____ Year Released _____

Synopsis of entry for Festival Program (max 75 words)

I am submitting my entry in the following category or categories:

- | | | |
|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Instruction/Safety | <input type="checkbox"/> Amateur |
| <input type="checkbox"/> Action | <input type="checkbox"/> Environment | <input type="checkbox"/> Music |

SENDER'S CONFIRMATION

In signing we have read, understood and agreed to the rules and regulations of the WATERWALKER Film Festival and the payment terms as outlined above.

*Name _____ *Date _____

*Signature _____

RETURN YOUR COMPLETED APPLICATION AND PAYMENT TO:

Anne Baxter
Managing Director
WATERWALKER Film Festival
12 Elizabeth Street
Brockville, Ontario CANADA K6V 7B4
Tel: 613-342-0599
waterwalker@paddlingcanada.com