



For more information:
www.poefilmfestival.com

Film Submission Form

Name of college: _____

Contact person name: _____

Contact person email: _____

Title of film: _____

Genre: _____

Logline:

Is this film a documentary? Yes No

Running Time: _____ minutes

Year of Production: _____

Name of student director: _____

Director's email address: _____

Name(s) of filmmakers who will attend and introduce the film: _____

By signing below, I certify that this film is an original work of art and does not include protected or copyrighted material, and give consent to Poe Film Festival to exhibit this film at the Grace Street Theater in October 2018.

Owner of film: _____, 20_____