



AROUCA FILM FESTIVAL

ENTRY FORM

1. Original title of the film: _____

2. Category: () Film () Video

3. Type: () Fiction () Documentary
 () Experimental () Animation
 () Video-clip () Etnografic

4. Synopsis: _____

5. Cast:: _____

6. Accomplishment/Realization: _____

7. Photograph: _____

8. Assembly: _____

9. Captation of Sound: _____

10. Artistic Direction: _____

11. Production: _____

12. Soundtrack: _____

13. Capture Format (video): _____



14. Color: () B&W ()

15. Duration: _____ min.

16. Year of finishing: _____

15. Awards in other festivals: _____

16. Small Biography of the Director:

17. Contact:

Name: _____

Address: _____

_P.C._____ / ____ City: _____ Telephone: _____

_Website: _____ Email: _____

☐

Yes, the information for me declared above is true and, as a responsible for it, I authorize is publication and spreading in the Arouca Film Festival material.

_____, ____ / ____ / 20____

(Signature of the Producer)