

San Antonio Horrific Film Fest Film Submission

Mail entries to:
Horrific Film Fest
330 Kitty Hawk Rd
#705
Universal City, TX 78148

FILM TITLE: _____

SCREENPLAY TITLE: _____

CONTACT NAME: _____

EMAIL: _____

MAILING ADDRESS: _____

PHONE: _____

COUNTRY OF ORIGIN: _____

PHYSICAL ADDRESS: _____

YEAR FILM WAS MADE: _____

FILM LENGTH: _____

PRODUCTION COMPANY: _____

DIRECTOR: _____

PRODUCER(S): _____

SCREENING: _____

FILM BUDGET: _____

DISTRIBUTORS (IF APPLY) YES _____ OR NO _____

Please send a money order for submitting their films **SHORT \$50.00 FEATURE \$60.00** (no personal checks)

AMOUNT: \$ _____

SIGNATURE: _____ DATE: _____

I, the undersigned, represent and have full legal right and authority to submit the heretofore mentioned feature film/ short film for consideration by the Horrific Film Fest, and that all necessary consents, licensing and approval have been obtained with respect thereto. I agree to hold the Horrific Film Fest and its sponsors harmless in any and all matters pertaining to the license, and approvals of heretofore feature film/short film. I understand that my submission is not a guarantee to be included in the Horrific Film Fest and no promises of admission into the Horrific Film Fest have been made to me.