

## San Antonio Horrific Film Fest Film Submission

Mail entries to:  
Horrific Film Fest  
3850 BOGIE WAY  
CONVERSE, TX 78109

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 films (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.