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Entry Form

(Capital letters only)

Title of the movie (in English).....

Title (in the original language).....

Section:

Running time:minute.....sec.....

FILM MAKERS:

1) Name:

Last Name:

Age:

Address:.....

E-mail:

Telephone number:.....

2) Name:

Last Name:

Age:

Address:

E-mail:

Telephone number:.....

COORDINATING TEACHER:

Name:

Last Name:

Address:.....

E-mail:

Telephone number:.....

Country:

Please send the films, entry form and synopsis to the following e-mail address:

clubvideoart@gmail.com

Signatures:

Film maker 1:.....

Film maker 2:.....

Note: *By signing this document you have consented to having the submitted film used to promote the festival, as well as n*

on-formal education.