

2nd four river film festival

Karlovac, 10 - 13 September 2009

ENTRY FORM

Original title: _____

English title: _____

Year of production: _____

Country: _____

Originating format: _____

Genre:

- fiction documentary animated
 open genre (experimental, music videos, dedicated advertisement, etc.)

Running time: _____

Video format:

- DV CAM SP BETACAM SP DVD-R [DVD-video format only] Mini DV SP

Sound: mono stereo**Videos received on a CD will not be taken into consideration!**

INFORMATION ON THE AUTHORS

Director (name, surname, year of birth, address, phone number, e-mail): _____

Screenwriter: _____

Director of photography: _____

Editor: _____

Tone recorder: _____

Music by: _____

Actors: _____

Animation: _____

Group/Club leader/Producer (name, address, phone, e-mail): _____

Group/Club/Production Company (name, address, phone, fax, e-mail): _____

Brief synopsis (max. 150 words): _____

Address on which the Organizer will return the copies: _____

If possible, for the purposes of publishing the festival catalogue please send the entry form on the following e-mail address as well – fourriverfilmfestival@gmail.com, along with a digital photo (still) from the film and a digital photo from the shooting.

Entry Forms must be submitted together with electronically transmittable enclosures no later than **1st July 2009**. Anything received after that date will not be taken into consideration. After the selection, films and videos will be put into the main programme according to their categories and announced on **15th July 2009** on the Festival's web-page: **www.hfs.hr**. Selected participants will be also notified via e-mail.

I give my consent that the Organizer can utilize sent films for promotional purposes and to broadcast, transmit or screen clips, as well as make copies for the Croatian Film Club's Association's Archive.

YES NO

If my film enters the competition, I will be present at the Festival.
(Note: If film enters the competition, the organiser will pay hotel accomodation.)

YES NO

In _____ 2009.

Signature: _____

Entry Forms, along with films/videos, must be submitted no later than **1st July 2009** to the following address:

**HRVATSKI FILMSKI SAVEZ
(Four River Film Festival)
Tuskanac 1
10000 Zagreb
Croatia**

Contact person:
Sanja Zanki (Cinema Club Karlovac)
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+385 98 290 103
e-mail: fourriverfilmfestival@gmail.com