## **Teen Film Festival**

Name(s) of Entrant(s)				Age
_				Age
_				Age
Mailing Address				
City, State, Zip				
Home Phone				
Email Address				_
Parent / Guardian Name				_
Parent / Guardian Phone				_
School / Grade				
Name / School / Teacher / Advi	sor			
Title(s) of Film			<u>formation</u>	
Running time (minutes)				
Category	(	) )	Narrative Documentary Experimental	
The Festival reserves the right t  ( ) Check this box if this is			_	
Name / Writer				
Name / Producer				
Name / Director				

On a separate page, please include the following:

- 1. Brief description of the film.
- 2. How you learned about the Festival.