



APPLICATION FORM / RELEASE

I, undersigned, Name _____
Last name _____
Born in _____ Country _____ Nation _____ day/month/year _____
Address _____
ZIP _____ City _____ State _____ Nation _____
ID/Passport Number _____ E-mail _____
Phone/Mobile _____

Ask to be admitted at the contest **CFF 2017** with my work
titled _____
into the section (check the section or the organizers do and choose it for you)

- DOCUMENTALIA**
 PHOTOGRAPHIA

Director/Author: _____ Screenplay: _____
Photography: _____ Post-production: _____
Sound Treck _____ Sound _____
Year of production: _____ Lenght min.: _____ Original shooting format: _____
Format presented: _____
Years and locations of the original footages or photographs: _____ []B/W []COLOR
Website: _____

It is possibile to download the work at:

Password to download _____ (*The Organizers declare to use
this info just to download the work to screen durino the festivals and declere do not pass you info to other
persons*)

I, undersignaed **DECLARE:**

- I READ THE REGULATIONS AND I ACCEPT ALL THE INDICATED RULES.
- I declare to hold all the necessary releases of the work presented (and of attachments , too);
- I authorize the organization of the festival to show and promote the work, presented;
- I agree upon the free use of my work for other cultural events, organized by *Associazione Centro di Documentazione Demologico*;
- To send these attachments, too (check those ones you sent):
 - 3 phots in jpeg format to present the work (in e-mail attachment, mandatory);
 - Declaration of Director/Author about the work (in e-mail attachment, not mandatory);
 - The trailer is possibile to download at: _____

*The present card must be filled in readable way, signed, scanned and sent, with all the other required
attachments at: info@campaniafilmfestival.it*

Place, Day _____ Signature of the director/author _____

Furthermore, in obedience to the actual laws, I declare my consent to the treatment of the data consciously given in the card and to authorize the archiving in the data bank of the organizations.

Place, Day _____ Signature of the director/author _____