

Barrington Short Film Festival Submission Form
Director Name:
Film Title:
Run Time (or, How Long is Your Film?):
Film Format (Quicktime, Apple ProRes, or MPEG4):
Film Category (Please select one only): <input type="checkbox"/> Narrative <input type="checkbox"/> Documentary <input type="checkbox"/> Animation <input type="checkbox"/> Experimental <input type="checkbox"/> Other_____
Contact Person:
Address:
Contact Phone:
Contact Email:

I, the undersigned, represent and warrant that I have full legal right and authority to submit the mentioned film for consideration by the Barrington Short Film Festival, and that all necessary consents, licensing, and approvals have been obtained. I understand that my submission is in no way a guarantee of acceptance into the festival, nor has any employee from the BSFF guaranteed my acceptance into the festival prior to submission.

Signature_____ Date___/___/___

If filmmaker is under 18, signature of parent or guardian acknowledging above release information:

Signature_____ Date___/___/___

Mail form with film to:
 Barrington Short Film Festival
 Catlow Theater
 Attn: Tim Troemner
 116 W. Main St.
 Barrington, IL 60010