



**SYRACUSE INTERNATIONAL
FILM FESTIVAL**

SpringFest 2016 Submission Form

Title of Film: _____

Director: _____

Genre: _____

Length: _____

Date film was made: _____

50 word synopsis: Please attach to this form. Typewritten preferred.

At least 1 high resolution still from the film. Pictures of actors optional.

Name of person submitting the film and their role in it with a short bio: Please attach to this form. Typewritten preferred.

Your contact information:

Name: _____

Address: _____

Phone: _____ Email: _____

Website: _____

If your film is selected for SpringFest please indicate if you would be able to join us at the festival. Travel and lodging are the responsibility of the filmmaker.

Yes___ No___ Unsure at this time___

\$10 entry fee enclosed ___ I am currently enrolled as a student (No fee)___

I agree to comply by all of the rules and criteria of SpringFest.

5655 Thompson Road, Dewitt, NY 13214 / (315) 671-2188 / www.filminsyracuse.com



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