

Film Skillet Submission Form

Film Title:	
Name:	
Address:	
City:	
State:	
Zip Code:	
Country	
Primary Phone Number:	
Other Phone Number:	
Email Address:	
Website:	
Production Company:	
Director(s):	
Producer(s):	
Screenwriter(s):	
Date of Completion:	
Running Time:	
Synopsis:	

Category:

- | | | |
|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Action | <input type="checkbox"/> Comedy | <input type="checkbox"/> Experimental |
| <input type="checkbox"/> Activism | <input type="checkbox"/> Comedy (Stand Up) | <input type="checkbox"/> Horror |
| <input type="checkbox"/> Animation | <input type="checkbox"/> Documentary | <input type="checkbox"/> Music |
| <input type="checkbox"/> Anime | <input type="checkbox"/> Drama | <input type="checkbox"/> Nature |
| <input type="checkbox"/> Art | <input type="checkbox"/> Educational | <input type="checkbox"/> Other _____ |

I take full responsibility for all content on my submitted media. By entering this media for consideration, I attest that I hold all rights to exhibit the given work. This film is not subject to any litigation nor is any litigation threatened. By submitting my film, I attest that I have read and agree to the Film Skillet terms of agreement policy.

Signature: _____ Date: _____

Note: If producer is under 18 years of age, a parent must sign here as submitter.

Mail Submissions to:
 Film Skillet
 27 West Anapamu #296
 Santa Barbara, Ca 93101
 USA

