

Sebastopol Center for the Arts and Trinity Productions Present

Sebastopol Documentary Film Festival

November 8 - 11, 2007

Call for Entries

DEADLINE FOR ENTRIES: June 30, 2007

Entry Requirements

Provide: 1 Copy in VHS (NTSC) or DVD format

Enclose:

- Completed and signed Entry Form and Payment Information
- Entry fee \$15 (SCA Members \$10)
- A one to two sentence synopsis of film, filmmaker biography, and list of previous screenings and awards
- (Optional) Press materials, film and filmmaker stills (Any digital images should be TIFF or JPEG format. Macintosh preferred, 300 dpi, no image larger than 1MB.)

Mail to: Sebastopol Doc Fest
Sebastopol Center for the Arts
6780 Depot Street
Sebastopol, CA 95472 Attn: Eliza

Rules and Regulations

- Please send only one preview copy per entry.
- If you would like preview copy returned, send a SASE with adequate postage.
- The nonrefundable entry fee is payable in US dollars; check payable to SCA.
- Submissions will be reviewed between July 31 and August 31, 2007
- Please keep SCA informed of any address, phone, or email changes.

Filmmakers will be notified after August 31, 2007.

For more information, contact Eliza Hemenway at eliza@hemenwaydocs.com.

Payment Information:

- Make check payable to **Sebastopol Center for the Arts**.
- Please enter all information below and return this portion with Entry Form.

Film Title: _____

Form of payment (please check one): _____ Check _____ Money Order

2007 Sebastopol Documentary Film Festival Entry Form

SUBMISSION DEADLINE: **June 30, 2007**

FILM TITLE _____

Country of Origin _____ Year of Completion _____ Total Running Time _____

Director(s) _____ Producer(s) _____

FORMAT INFORMATION FOR PREVIEW & FESTIVAL SCREENING:

- Preview Format: Provide 1 copy in VHS (NTSC) or DVD format
- Festival Screening Format: ___Mini-DV ___DVD ___VHS

IS THIS A WORK IN PROGRESS? ___Yes ___No IS THIS A STUDENT FILM? ___Yes AGE: _____

WOULD THIS FESTIVAL SCREENING BE A PREMIERE? ___Yes ___No

If yes, what type? ___World ___USA ___California ___Regional ___Sonoma County

PLEASE ATTACH: Film synopsis, filmmaker biography, list of awards received, and/or previous screenings (please be brief)

PRINT SOURCE / CONTACT INFORMATION:

First Name _____ Last Name _____ Company _____

Address _____

City _____ State/Zip _____ Country _____

Day Phone _____ Cell Phone _____

Fax _____ Email _____ Website _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I, the undersigned, acknowledge and agree that, to the best of my knowledge, all of the statements in this document are true and that I am duly authorized to submit this film to the Sebastopol Documentary Film Festival. I further agree that if this film is selected, the Sebastopol Documentary Film Festival has permission to screen the film in the 2007 Sebastopol Documentary Film Festival, November 8-11, 2007.

Signature _____ Date _____