

Harmony Ridge Film Festival Submission Form

Please type or print clearly

Title of film _____

Director _____

Completion Date _____ Run Time _____

Submitter/Contact Person _____

Address _____

Phone _____ Email _____

Genre of film _____

Format (circle one) DVD VHS

Brief Summary of Film:

Artist Statement/Bio (include other screenings and awards for this piece):

I have read and understand the rules for submission of a film to the Harmony Ridge Film Festival. By submitting this work, I agree that I hold all rights to exhibit this work. I agree that Harmony Ridge may use my film and any other information I provide for promotion purposes.

Signature _____

Signature of parent or guardian if under 18 _____

Mail form, film and \$10 submission fee to:

Harmony Ridge Events
Festival Submission
607 Merchant Street
Ambridge, PA 15003

Films will not be accepted without the submission fee. Please include check or money order payable to Harmony Ridge Events.

If available, email a headshot to film@harmonyridgefilmfest.com. Indicate your name and title of film in the subject line.

How did you hear about our festival? _____