

## 2009 Fright Night Film Fest Entry Form

Print this form and mail it with your DVD and any supporting materials.  
Please be sure to carefully read the ENTRY GUIDELINES before using this form.  
PLEASE PRINT CLEARLY !!!

Film Title \_\_\_\_\_

Running Time \_\_\_\_\_ Date Completed (month/year) \_\_\_\_\_

Director(s) \_\_\_\_\_

Will this screening be a premiere? \_\_ World Premiere \_\_ US Premiere \_\_ Louisville \_\_ No

### Filmmaker Contact Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Country, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_

\*Please attach a short, one page description of your entry, a detailed description of the production method, any background or technical information you would like to share, and a bio of the filmmaker. Any additional supporting materials are optional, & may include: reviews, stills, artist bio, detailed synopsis, etc.

Payments can be made with  
MC/Visa Online or by Check

### Costs:

\$25.00 - Feature Length  
\$15.00 - Short Films (less than 30 mins)  
\$15.00 - Animated (less than 30 mins)  
\$10.00 - Trailers

Deadline: Entries must be postmarked by July 21, 2009

Preview & supporting materials will not be returned.

By entering your work for consideration, you attest that you have read, understand, and agree to all entry guidelines and requirements:

Signature: \_\_\_\_\_

### MAIL TO:

Fright Night Film Fest  
Submissions  
4621 Outer Loop # 310  
Louisville, KY 40219

e-mail questions to: [frightnightfilmfest@yahoo.com](mailto:frightnightfilmfest@yahoo.com)

