

QCC SUBMISSION FORM

Please print or type clearly. Complete and send with DVD or by email

FOR ALL SUBMISSIONS:

English title: _____

Original title: _____

Director(s): _____

Producer(s):

Country of origin: _____ Year completed: _____

Original Language

Duration/Running time: _____

Synopsis/Text for Performances

If accepted, this will be a premiere in:

Regina _____ Saskatchewan _____ Canada _____ World _____

Previous screenings/performances:

: _____

FOR MEDIA ARTWORKS

Subtitled _____ Dubbed _____ Original _____

Exhibition

formats _____

Film specifications: Sound: Mono__ Stereo__ Dolby A__ Dolby SR__

Aspect ratio: 1.33__ 1.66__ 1.85__ Scope__

Distributor? Yes__ No__ Self__

Print/ tape source (for festival catalogue):

Producer/Distributor: _____

Contact Name (First, Last): _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/zip code: _____

Telephone: _____

Fax: _____

Email: _____

Website: _____

Director contact info (if different from print source contact):

First name: _____ Last name: _____

Production company: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/zip code: _____

Telephone: _____

Fax: _____

Email: _____

Website: _____

Category (check all that apply): Fiction__ Documentary__ Experimental__ Animation__

FOR PERFORMANCE ARTWORKS AND SOUND ARTWORKS

Number of performers _____ number of technical crew _____

Number of hours required to set-up _____

number of hours required to take-down _____

Equipment and/or items that need to be shipped

Equipment or items that need to be located/purchased/rented

Please list any other technical requirements, as well as any other staging needs (set pieces, special equipment, etc.) and explain what is required for set-up and take-down if applicable. This information can also be attached separately through email.

_____ Yes, I authorize Queer City Cinema to keep my submission tape for use in the Queer City Cinema Viewing Library with the understanding that the Library is for in-house viewing to the public only; no tapes are lent out nor are the tapes used for any additional public screenings without the written consent of the director and/or distributor.

I have read and agree to the festival submission and participation in Queer City Cinema Lesbian and Gay Film and Video Festival and that all the above information is correct.

Signed: _____

Date: _____

Contact address (shipping address above)

Queer City Cinema Inc.

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