

GENERAL INFORMATION ON THE FILM

ORIGINAL TITLE _____

ENGLISH TITLE _____

FICTION DOCUMENTARY EXPERIMENTAL MUSIC VIDEO COMMERCIAL

RUNNING TIME _____ MINUTES COLOR B/W

COUNTRY OF PRODUCTION _____ YEAR OF PRODUCTION _____

INFORMATION ON THE AUTHORS

DIRECTOR / FIRST NAME, LAST NAME _____

YEAR OF BIRTH _____

ADDRESS _____

PHONE / FAX _____ E-MAIL _____

SCREENWRITER / FIRST NAME, LAST NAME _____

CINEMATOGRAPHER _____

ACTORS _____

YOUR PHOTO

600x600px / color or B/W

This is only optional and
will be used for our promo
materials only.

INFORMATION ON THE PRODUCER

TITLE OF PRODUCTION _____

PRODUCER / FIRST NAME, LAST NAME _____

ADDRESS _____

PHONE / FAX _____ E-MAIL _____



BRIEF SYNOPSIS MAY BE INCLUDED AS AN ATTACHMENT

ADDITIONAL REQUIREMENTS

(please be sure to check you have all four list items)

- DIRECTOR'S CV
- FILMOGRAPHY
- BRIEF SYNOPSIS
- TWO SCREENSHOTS FROM THE FILM

By signing this entry form, I confirm my compliance to all regulations of ONE TAKE FILM FESTIVAL.

Digital signature below is required for security and archiving reasons.

The organizer reserves the usage rights for all selected films with the obligation to use them only for non-commercial purposes and festival promotion.

DIRECTOR _____

PRODUCER _____

DATE OF SUBMISSION _____

[CLICK HERE TO DIGITALLY SIGN YOUR ENTRY FORM](#)

IMPORTANT - please comply to the following :

/ digitally signed entry form must be sent by email along with uploaded preview copy link