

# YOUTHTOWN *Filmworks*

## REEL SHORT FILM FESTIVAL 2008 REGISTRATION FORM

Parental consent must be obtained for people aged 13.  
(Please print and tick appropriate boxes)

Film Name: \_\_\_\_\_

Contact Name/ Producers name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

Contact email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

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Directors Name/ Alternative Contact: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

Contact email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

Parent/ guardian signature (13 years & under): \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

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Was your film made for the 2008 Reel Short Film Festival Yes  No

If not, when was your film made and for what reason? \_\_\_\_\_

\_\_\_\_\_

Length Of film: \_\_\_\_\_

Is your entry mainly?

Comedy  Drama  Animation  Science fiction/fantasy  Action

Documentary  Other \_\_\_\_\_

**Do you wish your film to also be included in the special 'Movies that Matter' Category?**

Yes  No

Please give a short synopsis of the film (maximum 3 sentences). This information will be used for press releases and the Festival programme.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Writers Name \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

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

Parent/ guardian: \_\_\_\_\_

Cinematographer: \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

Signature \_\_\_\_\_

Parent/ guardian: \_\_\_\_\_

Sound: \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

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

Parent/guardian: \_\_\_\_\_

Editor: \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

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

Parent/ guardian: \_\_\_\_\_

Cast: \_\_\_\_\_

As: \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

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

P/G: \_\_\_\_\_

Cast: \_\_\_\_\_

As: \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

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

P/G: \_\_\_\_\_

Cast \_\_\_\_\_

As: \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

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

P/G: \_\_\_\_\_

Cast \_\_\_\_\_

As: \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

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

P/G: \_\_\_\_\_


Cast \_\_\_\_\_

As: \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

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

P/G: \_\_\_\_\_

 Cast may include actors, musicians or performers of any kind. Please continue on a separate sheet

Fill in this form and send with your movie to:

Youth Programme Co-ordinator  
Youthtown Inc  
PO Box 5899  
Wellesley St  
Auckland

Or drop it into Youthtown at 68A Nelson St, Auckland Central.

This registration form, your movie and other supporting material must arrive at our Post Office Box or Nelson St premises by 6pm, Wednesday 20<sup>th</sup> February 2008 to be eligible. A separate form must be supplied with each movie entered.

Producer's signature \_\_\_\_\_

Date \_\_\_\_\_

P/G signature: \_\_\_\_\_