



GLOUCESTER COUNTY LIBRARY TEEN INDEPENDENT FILM FESTIVAL Registration Form

Film Title: _____

Person submitting film (must be 14 - 18 years of age):

Name _____ Library Card # 2 2 9 9 8 0 0 _____

Grade _____ Age _____ School _____

Address _____

Phone _____

Email _____

For any person under the age of 18 submitting a film, please provide the name of the legal guardian responsible for film submission:

Name _____

Address _____

Phone _____

Email _____

I have reviewed and agree to follow the Teen Film Festival Rules and Guidelines set forth by the Gloucester County Library. I authorize the Gloucester County Library to screen my film in any format including but not limited to: library screenings, YRC theater screenings and channel 48 broadcasts as well as make copies of my film for use by the library for checkout and/or promotional purposes. I have obtained all rights and permissions necessary to submit my film. I hereby certify that I have read the foregoing and the rules and guidelines of the Gloucester County Teen Film Festival, fully understand the meaning and effect thereof, and by my signature have agreed to their terms.

Name of person submitting film (please print)

Signature of person submitting film

Name of legal guardian if the person is under age 18 (please print)

Signature of legal guardian

Length of film: _____ minutes _____ seconds

Please give us a brief summary of the film: _____
