

WAM! Boston Film Festival 2016 Submission Form (Mail-in Submissions)

Please mail this completed form along with a DVD copy of your film to: WAM! Boston, 7 Temple Street, Cambridge MA, 02139 by **Friday, November 6th 2015**. Due to the volume of submissions, we cannot return this copy of your film to you. If your film is selected, you will be notified in January 2016.

**Part I: Primary Contact Information**

Your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Your role in the film : \_\_\_\_\_

**Part II: About The Film**

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

Year of Release: \_\_\_\_\_ Running Time: \_\_\_\_\_

My film is (please circle one): Narrative/Fiction Documentary Other \_\_\_\_\_

Genre, if applicable (i.e. comedy, romance, horror): \_\_\_\_\_

Short summary of film : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Producer: \_\_\_\_\_ Writer: \_\_\_\_\_

Director: \_\_\_\_\_ Camera: \_\_\_\_\_

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

Would a member of your crew, or an actor in your film be able to attend the film festival in April 2016 (exact dates to be announced) to talk about the film at an after-screening discussion?

Please note that unfortunately WAM! is not able to reimburse travel expenses of any kind. If yes, please provide their contact info below:

Name \_\_\_\_\_ Role in film \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_