

NEW DIRECTOR LOTUS SHORT FILMS BY THE FABULOUS FIVE SCRIPT SUBMISSION

This file includes fillable form fields. Please complete and send to Nat@ADFEST.com along with your script.

Entry Number _____
(For internal use only)

SHORT FILM DETAILS

Short Film Title* _____ Date Submitted _____

DIRECTOR'S DETAILS

Title* Mr. Mrs. Ms.

First Name* _____ Last Name* _____

Position* _____ Company _____

Address* _____

City* _____ Postal Code* _____

Country* _____

Mobile* _____ Work Tel _____

Email* _____ Personal Email _____

CONTACT DETAILS (if different from Above)

First Name _____ Last Name _____

Position _____

Mobile* _____ Work Tel _____

Email* _____ Personal Email _____

I certify that the script submitted is my own work, and I have started my Director career after March 2017.

Signature* _____

Name:* _____

Company: _____

Position:* _____