

S.F. STATE
CINEMA COLLECTIVE @ THE COPPOLA
ENTRY FORM

FILM TITLE: _____

PRODUCER(S): _____

DIRECTOR: _____

OTHER CREW (LIST POSITIONS): _____

YEAR OF PRODUCTION: _____ GENRE: _____

TOTAL RUNNING TIME: _____ min _____ sec SHOOTING FORMAT: _____

PERSON SUBMITTING FILM (TECH CONTACT): _____

PHONE: _____ EMAIL: _____

SUBMISSION FORMAT:	<input type="checkbox"/> MiniDV	<input type="checkbox"/> Data DVD (preferred)	<input type="checkbox"/> Video DVD	<input type="checkbox"/> 16mm
	Aspect Ratio: <input type="checkbox"/> 4:3 <input type="checkbox"/> 16:9			<input type="checkbox"/> 18 fps <input type="checkbox"/> 24 fps <input type="checkbox"/> Other _____
				Sound: <input type="checkbox"/> Silent <input type="checkbox"/> Optical

All submissions must be turned in with a completed form to a Collective Officer, the Collective Office (FA 546), or the Collective mailbox in the Cinema Department Office (FA 245).

SUBMISSIONS ARE DUE NO LATER THAN NOV 30