

# CINEMARYA FILM FESTIVAL ENTRY FORM

CANDIDATE'S FAMILY NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME (OPTIONAL): \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PRESENT OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

STUDIES OR TRAINING IN CINEMA (INCLUDING INTERNSHIPS IF APPLICABLE)

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

LINKS TO PREVIOUS WORKS - IF APPLICABLE (VIA VIMEO WITH PASSWORD)

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

## LIST OF KEY CREW MEMBERS

NAME	ROLE	CONTACT NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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TREATMENT:

# CINEMARYA FILM FESTIVAL ENTRY FORM

FINANCIAL PLAN: