

bloodfest

SCHOOL ENTRY FORM

School Name:

Contact Teacher:

Class taught:

Phone:

Email:

FILM TITLE:

CAST & CREW: (Please attach a separate sheet if more space needed)

Name Role Age

SUBMISSION FORMAT:

Upload your films via **WeTransfer** (Schools Submit tab on the Bloodfest website)

I, the above named Contact Teacher state that the school has full knowledge of this entry and have I been given the appropriate permission for these students to be involved in Bloodfest and to represent the school.

Signed:

Date:

EACH CLASS MAY SUBMIT UP TO 4 FILMS. PLEASE COMPLETE A SEPARATE ENTRY FORM FOR EACH FILM. PAYMENT AS PER INVOICE MUST BE RECEIVED BEFORE SUBMISSIONS ACCEPTED.
BY SUBMITTING THIS ENTRY FORM YOU GIVE BLOODFEST PERMISSION TO SCREEN YOUR FILM AT THE BLOODFEST GALA EVENT, AT ANY BLOODFEST SCHOOL SCREENING EVENTS AND AT ANY FUTURE BLOODFEST EVENTS, INCLUDING ON THE BLOODFEST OFFICIAL WEBSITE, AND PERMISSION FOR PROMOTIONAL PURPOSES OF BLOODFEST KIDS HORROR FILM FESTIVALS.