



(Enclosure No. 3 to DepEd Memorandum No. 215, s. 2011)

ENTRY SUBMISSION FORM



Name:
Address:
Email:
Mobile #:
Landline #:

PICTURE
OR
GROUP LOGO

Birthday (if group, date formed):
Ethnicity:
Affiliations:
Media/Film related organizations:

Age:
Civil Status:

Short Profile of the filmmaker:

EDUCATIONAL BACKGROUND

Elementary:
Highschool:
Other media/film-related trainings:

WORK SUBMITTED

Title:
Format:
Director:
Producer/Production Outfit:

Running Time:
Writer:
Editor:

Type of work:

☐ Short Fiction ☐ Documentary Short Subject
☐ Animation ☐ Experimental

Synopsis:

Who is the target audience of this work?
Why should the work be part of the Annual SIndi-Film Awards?

PARTICIPATION

Will you be able to attend the Awards Night?
Will you be able to invite participants or audience to the Awards Night?

I/We hereby agree to the terms and conditions stipulated in the Competition Mechanics and further agree to allow the SIndi Film Awards Secretariat to have copies of all films entered in the competition and reserve the right to screen them in any occasion and manner they are deemed fit consistent with the goals and objectives of the competition.

SIGNATURE OVER PRINTED NAME