

REEL 13 SHORTS SUBMISSION FORM

Date _____

Name _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone Contact _____ Cell # _____

Email _____

Website _____

Film Title _____

Length: _____

Year Made _____

Synopsis: *(Attachments accepted)*

Filmmaker Bio *(Attachments accepted)*

Listings of Film Schools and other Festivals, Exhibitions, Broadcasts, Awards, etc: *(Attachments accepted)*

How did you hear about Reel 13 Shorts? _____

Note: All rights must be cleared to submit work for consideration.