

silentSHOUT SHORT FILM COMPETITION 2013
ENTRY FORM

Category : **Open** (Malaysia and Southeast Asia)
 Student (under 18 years old in Malaysia and Southeast Asia) *with a signed consent form

Name of Film : **Total Running Time** :

Name of Director : **IC No./Passport** :

Contact Address :

Contact Number : **Deaf** **Hearing** **Email:**

List of Crew (please indicate if they are Deaf or Hearing by ticking the appropriate box next to their name)

Name	Deaf	Hearing	Name	Deaf	Hearing
..... [writer]	<input type="checkbox"/>	<input type="checkbox"/> [editor]	<input type="checkbox"/>	<input type="checkbox"/>
..... [camera person]	<input type="checkbox"/>	<input type="checkbox"/> [*script advisor] *optional	<input type="checkbox"/>	<input type="checkbox"/>

List of Cast (please indicate if they are Deaf or Hearing by ticking the appropriate box next to their name)

Name	Deaf	Hearing	Name	Deaf	Hearing
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Film Synopsis (maximum 50 words)

.....

Please tick

- I have enclosed 2 still photos (1 direct action from the film photo & 1 behind-the-scenes photo) and a DVD.
- I declare that this film is an original film that I have produced/directed, and all of the people involved have given their permission for it to be submitted to silentSHOUT Short Film Competition and Festival 2013 and understand that this film will be screened in public.
- I have read the competition guidelines, terms and conditions.

OPEN CATEGORY

- I have enclosed an entry fee of RM10 (made payable to SILENTSHOUT Communication).
OR
- I have paid an entry fee of RM10 by electronic payment to SILENTSHOUT Communication CIMB Bank
Account No: 1426-0008872-05-6

Signed: **Name:** **Date:**

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PARENTAL CONSENT FORM

***Participant below 18 years of age** is required to have a signed consent form to participate in the competition.

By submitting the information below, I, the parent/ legal guardian of

_____ (participant name)

_____ (IC number/ Passport)

am allowing my son/daughter whose details are above to take part in silentSHOUT Short Film Competition 2013.

Signature:

Father/ Mother/ Legal Guardian Name:

IC No/ Passport No:

Email address:

Dated this ____ day of _____, 2013