

4th silentSHOUT SHORT FILM COMPETITION
1st April – 30th June 2015

ENTRY FORM

Category : **Competition & Festival Screening** (for Deaf in Malaysia)
 Festival Screening

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

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

Contact Address :

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

List of Crew (please indicate if they are Deaf or Hearing)

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"/>			

List of Cast (please indicate if they are Deaf or Hearing)

Name	Deaf	Hearing	Name	Deaf	Hearing
[Main actor/actress]	<input type="checkbox"/>	<input type="checkbox"/>	[Supporting actor/actress]	<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 have enclosed talent release forms. I declare that this film is an original film that I have produced/directed, and all people involved have given their permission for it to be submitted to 4th silentSHOUT Short Film Competition and Festival and understand that this film may be screened in public.
- I have read the competition guidelines, terms and conditions.

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

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PARENTAL CONSENT FORM

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

I, the parent/ legal guardian of _____ (participant's name),
_____ (IC no. / passport no.) am allowing my son/daughter to take part in the 4th
silentSHOUT Short Film Competition/ Festival.

Signature

Name of Father/ Mother/ Legal Guardian: _____

Deaf Hearing

IC no. / passport no.: _____

Contact no.: _____

Email address: _____

Dated this _____ day of _____, 2015

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TALENT RELEASE FORM

I understand that there is a videotape being taken of me on the date of _____.
(day / month / year)

I hereby assign and authorize the producer/director(s) _____
(name)

the right (all rights) to such a videotape. I also authorize the said producer, without limitation, the right to reproduce, copy, exhibit, publish or distribute any such videotape, and waive all rights or claims I may have against your organization and / or any of its affiliates, subsidiaries, or assignees, other than as stated in this agreement.

Signature of Talent

Name of Talent:

IC no. / passport no.:

Contact no:

Email address:

Signature of Producer/ Director

Name of Producer/ Director:

IC no. / passport no.:

Contact no:

Email address:

Signature of Producer/ Director

Name of Producer/ Director:

IC no. / passport no.:

Contact no:

Email address:

Dated this _____ day of _____, 2015