



LAS VEGAS INTERNATIONAL FILM FESTIVAL SCREENPLAY COMPETITION

Official Entry Form

1. CONTACT INFORMATION

Film Title: _____

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

2. SCREENPLAY INFORMATION

Screenplay Title: _____

Writer/Writers: _____

Number of Pages: _____ Genre: _____ Date of Completion: _____

Short Synopsis: _____

How did you hear about us? Internet Word of Mouth Advertisement (please list) _____ Other _____

3. PAYMENT AND DEADLINES: Fee: \$30 Deadline: December 31st

Payment Type: Check (Make payable to Las Vegas Film Festival) Money Order Credit Card Cash

Credit Card: Visa Mastercard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

4. MAIL ENTRIES TO:

Send completed entry form, hardcopy or electronic copy of script, and payment to:
Las Vegas International Film Festival, 10795 W. Twain Ave. Suite 100, Las Vegas, Nevada 89135

5. RELEASE

I have read, understood and agree to all the Screenplay Competition guidelines and am duly authorized to submit this screenplay.

Signed: _____ Date: _____