



# LAS VEGAS INTERNATIONAL FILM FESTIVAL SCREENPLAY COMPETITION

## Official Entry Form

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### 1. CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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### 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 \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 4. MAIL ENTRIES TO:

Send completed entry form, hardcopy or electronic copy of script, and payment to:

Las Vegas International Film Festival, 10300 W. Charleston Blvd. Suite 13-149, Las Vegas, Nevada 89135

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### 5. RELEASE

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_