



ENTRY FORM

The undersigned (name and surname of Director or Referent) _____

Address _____ City _____

e-mail _____ phone number _____

Mobile _____

intends to take part in the **Social Film Festival ArTelesia – School and University** Competition with the following work:

Title of the film / short film

in one of the following sections (*put a tick*)

- **SCUOLA D'INFANZIA**
- **SCUOLA PRIMARIA E SECONDARIA DI I GRADO**
- **SCUOLA SECONDARIA DI II GRADO**
- **UNIVERSITA'**

with one of the following themes (*put a tick*)

- **CINELIBRIAMOCI:** works inspired by works of Italian and world literature
- **AGENDA 2030:** best practices for sustainable development
- **FREE THEME**

Country of production _____ Year _____

Duration _____ *Direction* _____

Cast _____

Kind _____

Language _____

Subtitles _____

Original format _____

SHORT SYNOPSIS:



SHORT BIO-FILMOGRAPHY OF THE DIRECTOR

How did you find out about the competition?

from the website www.socialfilmfestivalartesia.it yes no

from Internet yes no

Industry magazines other, specify: _____

The undersigned _____

declares

to be (*choose among Director/Producer/Referent*) of the work (*title*)

and to have full and exclusive legal rights

Declares that his film does not affect the rights of third parties, as expressed by Law 633/1941 and subsequent amendments (copyright); and does not contain defamatory content

Declare that he has read and therefore **fully accepts** all the Competition Rules.

Accept that all the material sent will become part of the "Festival Archive".

Authorizes the public screening without any compensation for his film.

The undersigned authorizes the processing of personal data in accordance with the provisions of the sector legislation. Declares to be aware of criminal penalties in the case of false declarations; The winners commit themselves to indicate in the headlines of their film the name and logo of the Social Film Festival ArTelesia, together with the Award received.

The audiovisuals in HD format (high definition) must be sent by uploading them on an internet platform (preferably FilmFreeway) and sending the link to the following e-mail address: sffaed14@gmail.com with the following wording in the subject of the e-mail: "Section - Title of the work". It is advisable to keep the vision private and to indicate the access password. In the aforementioned e-mail you must attach the registration form completed in its entirety and duly signed by the referent, by the author of the work or by the director.

The undersigned expressly authorizes the screening of his work in all the events promoted by the Festival.

For further informations write to: sffaed14@gmail.com or contact the following numbers:

+ 39 320 35 41 913 +39 393 21 02 565

Place and date: _____

Referent's signature _____