



August 20-27, 2022
XXI EDITION

ENTRY FORM FEATURE FILMS

Data about film

Title			
Director			
Country			
Production			
Address			
Phone Num.		<input type="text" value="Fax"/>	
Distribution			
Duration		Date first projection	Date distribution
Genre			
Festival History		Awards	
Preview	International <input type="checkbox"/> National <input type="checkbox"/> in Campania <input type="checkbox"/>		
Attachments	List of titles <input type="checkbox"/> Synopsis <input type="checkbox"/> Director biofilmography <input type="checkbox"/> Photographic material <input type="checkbox"/> Backstage/video comments <input type="checkbox"/>		

Data of who enrolls the film

Name and Surname and Role			
Address			
Phone Number		Mobile	
Fax		Email	

The undersigned _____ declares, under his/her sole responsibility, that he/she is the legitimate representative of the work, authorized by all those entitled to it, that what is

contained in this entry form is truthful and authorizes VFF– Gulf of Policastro Association to process his/her personal data in accordance with current legislation.

Date: _____

Signature: _____