The Long Island Gay & Lesbian Film Festival 2014

November 7-10, 2014

(Please type or print clearly)	Website/Location Passw	ord
	Theatrical Release	
English Title/Original Title	(<i>We cannot screen PAL Formats</i>) O 35 mm O DCP	
	O NTSC DVD O Blu-Ray	
Year /Running Time/Country	Cound (Film mount hour particul court	I\.
Foreign Language (must be subtitled in English)	Sound (Film must have optical sound): O Mono O Stereo O Silent O Dolby A O Dolby SR	
English Subtitles: O yes O no	Aspect Ratio:	
Work In-progress: O yes O no If yes, Scheduled Completion Date	O 1.33 O 1.66 O 1.85 O Scope O Other	
Category: O Narrative O Documentary O Short	If accepted, will this festival screeni O World Premiere O US Proceed O East Coast Premiere O N.Y. Footber	
O Music Video O Experimental O Animation	Will you permit the use of a 3-minute for TV or other promotional purpose	
Distributor/Print Source	O yes O no	
Address	If you wish to have the submission to you, please submit an envelop prepaid postage.	
City/State/Zip Phone	I certify that I have read, understood hereby agree to be bound by the Fe Regulations as described herein, a	estival
E-mail	authorized to submit this film/video Island Gay & Lesbian Film Festival. film is submitted for entry, it may no withdrawn	Once a
Short Synopsis/	withdrawn	
	Signature Date	
	Mail your entries (preview copies	only
	may be NTSC DVD, or Blu-Ray) completed entry form and press Long Island Gay and Lesbian Fili Attn. Programming P.O. Box 360	and kit to
Director's Contact Information (If different from print source):	East Northport, NY 11731	

All Entries Must Be Received No Later then August 15th, 2014 to be considered for the 2014 Film Festival

Format of Exhibition Copy

O DVD O Blu-Ray O On-Line