

The Long Island Gay & Lesbian Film Festival 2010

November 12 - 18, 2010

Entry Form/ Source Contact:
(Please type or print clearly)

English Title/Original Title

Year /Running Time/Country

Foreign Language (must be subtitled in English) _____

English Subtitles?: yes no

Work-in-progress? : yes no
If yes, Scheduled Completion Date _____

Category:
 narrative documentary
 experimental animation

Distributor/Print Source

Address

City/State/Zip

Phone _____

E-mail _____

Short Synopsis/

Director's Contact Information (If different from print source):

Format of Exhibition Copy

(We cannot screen PAL Beta tapes nor PAL DVD):

35 mm NTSC Digibeta
 NTSC DVD NTSC BETA SP

Sound (Film must have optical sound):

Mono Stereo Silent
 Dolby A Dolby SR

Aspect Ratio:

1.33 1.66 1.85 Scope

If accepted, will this festival screening be a:

World Premiere US Premiere
 East Coast Premiere N.Y. Premiere
 other _____

Will you permit the use of a 3-minute extract for TV or other promotional purposes? :

yes no

Will you permit your film to be shown on The Rainbow Connection, a local Long Island Cable TV Public Access Show. All airings will commence January 2011. (You will be notified of the airing date) : yes no

I agree that my preview tape can remain in the festival archive: yes no

(If you wish to have the tape returned to you, please submit an envelope with prepaid postage)

I certify that I have read, understood, and do hereby agree to be bound by the Festival Regulations as described herein, and am authorized to submit this film/video to Long Island Gay & Lesbian Film Festival. Once a film is submitted for entry, it may not be withdrawn.

Signature

Date

**Mail your entries: (preview copies only may be NTSC DVD or VHS) and completed entry form and press kit to...
Long Island Gay and Lesbian Film Festival
Attn. Programming
P.O. Box 360
East Northport, NY 1173**