

MovieFest 2008

Movie Detail Form

(Please print and tick appropriate boxes)

Ref No.

Movie Title:

Team:

(school name, group name, team name)

Contact Name:

Contact Address:

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Contact Email:

Contact Phone / Fax:

Category: Primary School Secondary School Hobbyist Open

Length (Max 5 Minutes)

Producer's Name:

Male Female Age

Address:

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Phone / Fax:

Mobile:

Email:

Director's Name:

Male Female Age

Address:

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Phone / Fax:

Mobile:

Email:

Writer/s:

Cinematographer:

Sound Designer:

Composer:

Editor:

Editing system used:

Camera/s:

Cast:

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Please fill in this form and send with your movie to:

MovieFest Charitable Trust
P.O. Box 40-732
Upper Hutt, Wellington

This movie detail form and your movie must be posted by 5pm, 3 October 2008 to our Post Office Box to be eligible. A separate form must be supplied with each movie entered.