

Underneath Cincinnati Film Submission Form

Title of Film: _____

Credit/Title of Submitting Filmmaker in film: _____ Year Produced: _____

Run time (hh:mm:ss): _____:_____:_____ Production company: _____

Description/log line (2 sentences or less): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Please initial in the blanks below.

_____ I am an authorized representative of this film and give permission for my film to be screened at an Underneath Cincinnati Film Festival event. I also authorize further screening if my film is chosen for the yearly "Best of Underneath" and allow my film to be used in promotional materials for the screening event that my film will be shown.

Payment: _____ Check (enclosed \$10) _____ Paypal (\$10) _____ SOFA Premiere Member (free)