

Tulalip Film Festival Film/Video Submission Form

Film Name: _____

Date: _____

Genre/Type: _____

Running Time: _____ Submission Format: _____

Contact information for Primary Filmmaker(s) or Production Company

Address: _____

Phone number: _____

Fax number: _____

Email Address: _____

Film Crew Information

Director: _____ D.O.P. or Cinematographer _____

Producer: _____

Original Music or Score by: _____

Camera Crew (list names): _____

Technical Assistance (list names): _____

Cast: _____

Film Story or Summary:

Filmmaker's Notes (funding, themes, age of filmmakers, tribal affiliations (if any) etc.)

Submitters Name: _____

Submitters Signature: _____

Submission Date: _____

Mail To:

TULALIP FILM FESTIVAL
C/O NWIC ~ Tulalip
6700 Totem Beach Rd
Tulalip WA 98271