



ENTRY FORM

ORIGINAL TITLE: _____
PRODUCTION COMPANY: _____
PRODUCTINO YEAR: _____
NACIONALITY: _____

DIRECTOR: _____
PRODUCER: _____
SCREENPLAY: _____
DIRECTOR OF PHOTOGRAPHY: _____
ART DIRECTOR: _____
COSTUME DESIGNER: _____
MAKE-UP: _____
HAIRDRESSER: _____
EDITOR: _____
SOUND: _____
MUSIC: _____

CAST: _____

SYNOPSIS: _____

GENRE (COMEDY, DRAMA, FANTASTIC,...) : _____
RUNNIG TIME: _____
FILM FORMAT: _____
SCREEN RATIO: _____
ORIGINAL FILM LANGUAGE: _____
SUBTITLES LANGUAGE: _____

(If your shortfilm does no t have subtitles in Spanish, you must send a list with the dialogues in that language)

FILMING LOCATION: _____

CONTACT PHONE NUMBER: _____
CONTACT E-MAIL ADRESS: _____

Fill clearly and send with a **DVD copy of the short film** before **june 15th 2010** to:
Concello de Bueu. OMIX
Pazos Fontenla, 29 - 2º
36930 - Bueu (Pontevedra)
Más información: 669 830 773 ó info@ficbueu.com