

THE VIRGINIA FILM FESTIVAL PRESENTS
THE ADRENALINE FILM PROJECT

ENTRY FORM

NAME OF DIRECTOR/TEAM LEADER _____

SCHOOL (IF APPLICABLE) _____

ADDRESS _____

WORK PHONE _____

HOME PHONE _____

CELL PHONE _____

E-MAIL _____

FILM SAMPLE SUBMITTED (VHS OR DVD) _____

TITLE _____

DIRECTOR (MUST BE A TEAM MEMBER) _____

DATE COMPLETED _____

RUNNING TIME (MUST BE CUED FOR 10 MIN.) _____

I am hereby entering the Adrenaline Film Project 2009. Enclosed is my check or money order for the non-refundable entry fee of \$20.

I understand that there is only space for a limited number of teams and that submitting this entry form does not guarantee my team a space. I understand that if my team is selected to participate, I must send a check or money order for the balance of the entry fee, within one week of notification of my team's acceptance. The participation fee is as follows:

- \$80 for current University of Virginia students
- \$100 for previous Adrenaline participants who refer a new team to Adrenaline, or
- \$130 for all others.

Only teams in good standing will be allowed to compete. Furthermore, I understand that my signed Participant's Agreement must be submitted with this entry form to be eligible for consideration in the Project.

SIGNATURE OF DIRECTOR/TEAM LEADER _____

DATE _____

New Adrenaline Participants: Were you referred by a previous Adrenaline participant?

- Yes! I was referred by _____ (Name of Director)
- No

Previous Adrenaline Participants: Did you refer a new Adrenaline team?

- Yes! I referred _____ (Name of Director) to Adrenaline
- No



TEAM ROSTER

Please complete the Team Roster below to the extent possible at this time.

You will be required to submit a complete roster and release forms with your finished film/video.

Please include with the names of team members their anticipated roles in the production (i.e., director, producer, writer, editor, camera operator, etc.)

1.	NAME	_____	ROLE	<u>DIRECTOR</u>	_____
	CELL PHONE	_____	EMAIL	_____	_____
2.	NAME	_____	ROLE	_____	_____
	CELL PHONE	_____	EMAIL	_____	_____
3.	NAME	_____	ROLE	_____	_____
	CELL PHONE	_____	EMAIL	_____	_____

Send your Entry Form, film sample, and check or money order made payable to UVa-VA Film Festival to:

Virginia Film Festival
ATTN: Adrenaline Film Project
PO Box 400869
Charlottesville, VA 22904

Entries must be received by **October 19 at 5PM**. Late entries will not be admitted.

