

Sebastopol Center for the Arts and Trinity Productions Present

Sebastopol Documentary Film Festival

March 6-8, 2009

Call for Entries

DEADLINE FOR ENTRIES: July 31, 2008

Entry Requirements

Provide: TWO (2) DVD copies of documentary for preview

Enclose:

- Completed and signed Entry Form and Payment Information
- Entry fee \$20
- A one to two sentence synopsis of film, filmmaker biography, and list of previous screenings and awards
- (Optional) Press materials, film and filmmaker stills (Any digital images should be TIFF or JPEG format. Macintosh preferred, 300 dpi, no image larger than 1MB.)

Mail to: Sebastopol Doc Fest
Sebastopol Center for the Arts
6780 Depot Street
Sebastopol, CA 95472 Attn: Eliza

Rules and Regulations

- One film submission per entry (please send 2 DVDs of submission).
- If you would like preview copies returned, send a SASE with adequate postage.
- The nonrefundable entry fee is payable in US dollars; money order or check payable to SCA.
- Submissions will be reviewed between July 31 and November 1, 2008.
- Please keep SCA informed of any address, phone, or email changes.

Filmmakers will be notified after December 1, 2008.

For more information, contact Eliza Hemenway at eliza@hemenwaydocs.com.

Payment Information:

- Make check or money order payable to **Sebastopol Center for the Arts**.
- Please enter all information below and return completed application with Entry Form.

Film Title: _____

Form of payment (please check one): _____ Check _____ Money Order

Sebastopol Documentary Film Festival Entry Form

SUBMISSION DEADLINE: **July 31, 2008**

FILM TITLE _____

Country of Origin _____ Year of Completion _____ Total Running Time _____

Director(s) _____ Producer(s) _____

FORMAT INFORMATION FOR PREVIEW & FESTIVAL SCREENING:

- Preview Format: Provide **TWO (2) DVD copies of documentary**
- Preferred Festival Screening Format: ___ Mini-DV ___ DVD

IS THIS A WORK IN PROGRESS? ___Yes ___No IS THIS A STUDENT FILM? ___Yes Age: _____

WOULD THIS FESTIVAL SCREENING BE A PREMIERE? ___Yes ___No

If yes, what type? ___World ___USA ___California ___Regional ___ Sonoma County

PLEASE ATTACH: Film synopsis, filmmaker biography, list of awards received, and/or previous screenings (please be brief)

PRINT SOURCE / CONTACT INFORMATION:

First Name _____ Last Name _____ Company _____

Address _____

City _____ State/Zip _____ Country _____

Day Phone _____ Cell Phone _____

Fax _____ Email _____ Website _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I, the undersigned, acknowledge and agree that, to the best of my knowledge, all of the statements in this document are true and that I am duly authorized to submit this film to the Sebastopol Documentary Film Festival. I further agree that if this film is selected, the Sebastopol Documentary Film Festival has permission to screen the film in the 2009 Sebastopol Documentary Film Festival, March 6-8, 2009.

Signature _____ Date _____