



Submission Form for 1st FWII Film Festival

1st FWII Film Festival

Name

First Name Last Name

Gender

Email

example@example.com

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

I am a

- Student
- Filmmaker

Name of school / college / institution / organisation (Write NA if not applicable)

I am submitting a film in the following category:

Under 2 minutes

Under 10 minutes

30 minutes

I agree that the work submitted here is owned and created by me. If any of the content turns out to be a copyright violation then it will be my legal responsibility. Sign below.

I understand that once the film is submitted, FWII Network holds the right to publish it on their website / YouTube channel or use it any manner they feel appropriate. Sign below.

How did you hear about the festival

FWII Website

FWII Social Media Pages

Online Ad

Friend / Family

School / College / University

Date when the film was made



Month Day Year

Date of Submission



Day Year

Signature