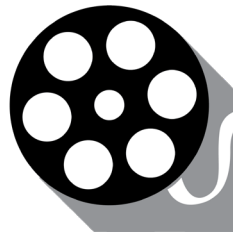


**KENTUCKY
YOUTH
FILM
FESTIVAL**



2018 ENTRY FORM

TITLE OF ENTRY: _____

APPLICANT NAME (IF GROUP, TEAM LEADER'S NAME):

LIST OF OTHER TEAM MEMBERS:

SCHOOL: _____

TEACHER/ADVISOR'S NAME: _____

CONTACT PHONE NUMBER: _____

EMAIL: _____

FILM CATEGORY: SHORT FILM PSA & COMMERCIAL DOCUMENTARY CELL PHONE FILM
(select one)

WRITER: _____

DIRECTOR: _____

RUNNING TIME: _____ SHOOTING FORMAT: 35MM 16MM DV HD OTHER _____

SCREENING FORMAT: 35MM HDCAM DIGITAL FILE