

2010 Atomik Theatre Film Festival Submission Form

Full Name: _____	Street: _____
Film Title: _____	City: _____
Writer: _____	State: _____
Director: _____	Zip: _____
Company (Optional): _____	E-Mail Address: _____
Date Completed: _____	Submission Fee: _____
Shooting Format: ___ 35mm ___ 16mm ___ Digital ___ Other	___ I have paid online using PayPal Secure Payment
Submission Format: ___ .AVI ___ .MPEG ___ .MOV ___ Other	Press Kit Checklist: Trailer : ___ *Interviews: ___ *Behind-The-Scenes Footage: ___ *Other (List): _____
Category: ___ Feature Film ___ Short Film ___ Animation ___ Documentary	

Where Did You First Hear About The Atomik Theatre Film Festival?

What Rating Would You Give Your Movie:

___ G ___ PG ___ PG-13 ___ R ___ NC-17

Is your movie explicit?

___ Yes ___ No

Submission:

___ Over-The-Internet*

___ Mail-In Digital

___ E-Mail

Over-The-Internet submission instructions will be e-mailed after we receive your submission form and payment.

Full name as it shows on card (if paid digitally):

___ I hereby agree to the Terms and Conditions listed on the Atomik Theatre Film Festival Web Page

Signature(s):

_____ Date: _____

_____ Date: _____

* Optional but recommended

**Materials will not be returned under any circumstances

***Inclusion of your e-mail address allows us to inform you of receipt of your submission because seriously, snail-mailing something like that is a little ridiculous.

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This Page Does Not Need To Be Printed

To submit the form by e-mail rename it "FilmName-LastnameFirstname" without the quotes and e-mail it to Submission@WeAreAtomik.com