



APPLICATION FORM

Please send your 2 DVD Screeners to:
Hot Pink Shorts Submission
62 West 8th Avenue, 4th Floor
Vancouver, BC V5Y 1M7
Tel (604) 874-4300 Fax (604) 874-4305

Project Title: _____

Country of Origin: _____

Running Time (min, sec): _____

Year Project was Completed: _____

Language: _____

Subtitles (if applicable): _____

DESCRIPTION OF PROJECT

Role: _____

Name: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

Position: _____

Name: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

Position: _____

Name: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

Submitter/Copyright Holder's Name: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

Age: _____

CHOOSE A CATEGORY (Check all that apply)

Drama _____ Comedy _____ Documentary _____

Horror/Sci-Fi _____ Action _____ Animation _____

Other _____ (please specify)

KEY CAST

Role: _____

Name: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

KEY CREW

Position: _____

Name: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

Position: _____

Name: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

IMPORTANT: Each submission must be accompanied by a signed copy of the Hot Pink Shorts terms and conditions.