



## 2017 LA SKINS FEST Submission Form

Title of Film/Video:

Country of Origin:

Year Film/Video Completed:

Running Time:        Hr.    Min.

Select One:        Color        B&W

Please select all that apply:

\_\_\_\_\_ Documentary Feature (60+ Mins)        \_\_\_\_\_ Short Documentary

\_\_\_\_\_ Dramatic Feature (60+ Mins.)        \_\_\_\_\_ Short Drama

\_\_\_\_\_ Music Video        \_\_\_\_\_ Animation

\_\_\_\_\_ Experimental

Please check all that apply:

\_\_\_\_\_ Indigenous Director

\_\_\_\_\_ Indigenous Producer

\_\_\_\_\_ Indigenous Writer

Tribal Affiliation:

I am a student or first time filmmaker? (Y/N)

This will be a premiere for (check all that apply):

\_\_\_\_\_ Los Angeles    \_\_\_\_\_ California    \_\_\_\_\_ United States    \_\_\_\_\_ World

\*\*\* Please note: Films must not have other screenings scheduled in Los Angeles during November 2017.

## **Director Information**

Name:

Address:

City:

State:

Zip Code:

Phone:

Cell Phone:

Email

Website:

Please attach Director Biography separately.

## **Producer Information**

(Please fill out if different than the director)

Name:

Address:

City:

State:

Zip Code:

Phone:

Cell Phone:

Email

Website:

Please attach Producer Biography separately.

## **Distributor Information**

(Please fill out if different than the producer or director)

Name:

Address:

City:

State:

Zip Code:

Phone:

Cell Phone:

Email

Website:

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**Please attach Film/Video Synopsis Separately.**

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## **Film / Video FORMATS**

LASF prefers preview screening copies in DVD (Region 1 / N. America) format, but VHS (NTSC) copies will be accepted. For works under 15 minutes, entrants may submit a link to an online version of their work.

On-line Preview link (-15 min. only): [http:// \\_\\_\\_\\_\\_](http://_____)

**Exhibition Format:**

Selected works must be delivered to LASF no later than November 6<sup>th</sup>, 2010.

**Specifications for Video**

Exhibition Format:

Ratio:         4:3         16:9

Sound:         mono         stereo         dolby         silent

Original Language: \_\_\_\_\_

Note: All non-English films / videos must have English subtitles.

**Authorization**

I hereby certify that I have the legal authority to submit this work to the Los Angeles SKINS FEST and grant Los Angeles Skins Fest permission to include this work in its festival program.

**Yes**

I have read and accept the regulations for participation in the Los Angeles Skins Fest. If this work is accepted, I grant Los Angeles Skins Fest permission for a) the reproduction of stills from the work for the Los Angeles Skins Fest program guide, and b) for excerpts (up to 120 secs.), to be used for promotional purposes in relation to Los Angeles Skins Fest. I also agree that the cost of shipping exhibition copies to the festival will be covered by the producer/distributor.

**Yes**

## **Submitter Information**

(Please fill out if different than the producer, director or distributor)

Name:

Address:

City:

State:

Zip Code:

Phone:

Cell Phone:

Email

Website:

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### **Submissions via mail should be sent to:**

LA SKINS FEST  
Programming Department  
1801 N Kingsley Dr #102  
Los Angeles, Ca 90027

Please include submission fee, submission application, and preview copy of film.

Check payable to: Barcid Foundation

#### **DEADLINES AND FEES:**

Submission Deadline: Sept 23, 2017

Features submission fee: \$20

Shorts submission fee: \$15

Student Films fee: \$10

Late Submission Deadline: Oct 6, 2017

Late Submission fee: \$25

#### **Fee Waivers**

Filmmakers seeking a fee waiver are welcome to contact us. LASF will review the requests and grant waiver opportunities based on need, professionalism, and filmmaker track record. Please e-mail: [contact@laskinsfest.com](mailto:contact@laskinsfest.com)