



YOUTH SPRING FILM FESTIVAL

2017 MAY 14-17, CALICUT

ENTRY FORM

ORIGINAL TITLE of the film :

Original Language of film :

TITLE in ENGLISH :

Country of Origin :

Format of the Film

Duration of the Film :

Production Period : Date _____ to _____ Month _____ Year _____

Competition category :

Specify if your film is PREMIERE screening :

Submission format :

Number of Copies:

Submitting Authority :

Phone

DIRECTOR (s) :

Address :

Email

Phone :

Producer (s) :

Production Company :