



SUBMISSION FORM

HORROR * FANTASY * SCI-FI * THRILLER * DARK DRAMA * SCREENPLAY
 www.TERRORFILMFESTIVAL.COM * TERRORFILMFEST@AOL.COM

SCREENPLAY ENTRY FORM

Complete this form and mail it in with the materials listed below. Please print CLEARLY.
 All screenplays must be typed in English. Thanks!

1). Screenplay Title _____

Writer(s) _____

Company Name _____

Do you own the rights to this screenplay? Yes _____ No _____

How many total pages is this screenplay? _____ pages (Do not include cover pages or title page).

What year was this screenplay completed? _____

Website http:// _____

2). The **language** of this script is: _____English _____NOT English (All scripts must be written in English).

What **genre** would you classify this screenplay as (please check only one):

___Horror ___Fantasy ___Sci-fi ___Thriller ___Action ___Adventure ___Comedy ___Drama
 ___Documentary ___Western ___Television

Has this screenplay been **optioned and/or produced** into a film yet? Yes _____ No _____

If yes, tell us with whom _____

How did you **hear about** TFF? _____

3). **Main Contact Person** _____

Mailing Address _____

City _____ State or Province _____

Zip _____ Country _____

Cell Phone _____ Other Phone _____

Email _____



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4). By signing below, I, the undersigned, acknowledge that I have read and agree to the Terror Film Festival General Rules, and Terms and Conditions, available on the TFF website named above. I acknowledge that I have given factual and truthful information in the completion of this form, and that I am legally authorized to represent this submitted screenplay entry. I understand that all materials submitted to TFF will not be returned and that all TFF decisions are final.

Screenplay Title _____

Name of Person Submitting This Application _____

Your Relationship to this Submitted Screenplay _____

Print Your Legal Name _____

Sign Your Legal Signature _____

Date _____

5). **SUBMISSION CHECKLIST:** All payments must be in U.S. Dollars only and are not refundable. Send all materials to address below.

_____ 1. Submission **Entry Fee** (using one of the following payment methods):

1a. Pay at PayPal.com, using email address "TerrorFilmFest@aol.com"

1b. Pay by sending a Check or Money Order, made payable to "Terror Film Festival" (U.S. Dollars only, mailed to address below).

_____ 2. One (1) **copy of your screenplay** (PDF file or bound paper copy).

_____ 3. This **Submission Form**, completed and signed.

6). SCREENPLAY SUBMISSION DEADLINES & FEES:

Mar 01 - Apr 07	Earlybird Deadline \$30
Apr 08 - May 31	Regular Deadline \$35
Jun 01 - Jul 15	Late Deadline \$40
Jul 16 - Aug 07	Screenwriter Hospitality Deadline \$50
Aug 08 - Aug 14	Writers Block Tardy Deadline \$70
Aug 15 - Aug 21	Extended Deadline \$90 (Must ARRIVE by AUG 31)

7). SHIPPING OPTIONS (Please use one of the following):

* **Your Local Postal Service:** MAIL TO: Terror Film Festival, P.O. Box 823, Malvern PA 19355 USA
(Preferred)

* **FedEx:** Terror Film Festival (610) 889-4928, c/o FedEx, 176 Lancaster Ave, Malvern PA 19355 USA
(Please instruct them to "**HOLD at FedEx Location for Pick Up**")

* **UPS:** Terror Film Festival (610) 889-4928, c/o UPS, 1200 Ward Ave, West Chester PA 19380 USA
(Please instruct them to "**HOLD at UPS Location for Pick Up**")