

# ENTRY FORM

## 5<sup>TH</sup> SLEEPWALKERS STUDENT FILM FESTIVAL TALLINN, NOV 27 – DEC 3, 2004

**Deadline September 15<sup>th</sup>, 2004**

ORIGINAL TITLE \_\_\_\_\_

ENGLISH TITLE \_\_\_\_\_

DIRECTOR \_\_\_\_\_

TYPE OF FILM      ( ) fiction      ( ) documentary      ( ) animation

YEAR OF PRODUCTION \_\_\_\_\_

COUNTRY OF PRODUCTION \_\_\_\_\_

### TECHNICAL INFORMATION

running time \_\_\_\_\_ minutes

format: ( ) 35 mm; ( ) Betacam SP Pal

length \_\_\_\_\_ min

number of reels \_\_\_\_\_

language of dialogue \_\_\_\_\_

language of subtitles \_\_\_\_\_

### FILM SCHOOL

name \_\_\_\_\_

contact person \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail \_\_\_\_\_

### PRODUCTION COMPANY (if any)

\_\_\_\_\_  
Producer \_\_\_\_\_

Address \_\_\_\_\_

phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail \_\_\_\_\_

### SHIPPING ADDRESS (if this is different from above)

Contact \_\_\_\_\_

Address \_\_\_\_\_

phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail \_\_\_\_\_

WORLD SALES \_\_\_\_\_

Address \_\_\_\_\_

phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail \_\_\_\_\_

Festivals at which film has been shown before

---

---

Awards

---

---

Please attach the following materials to this entry form:

- 1) VHS screening tape (Pal) or DVD
  - 2) full cast and credits
  - 3) biography and filmography of director in English
  - 4) director's photo and stills of the film
  - 5) synopsis of the film (500-800 characters)
  - 6) dialogue list (original and/or English)
- (Please send the paperwork also electronically to [sleepwalkers@poff.ee](mailto:sleepwalkers@poff.ee))

Our address:

Black Nights Film Festival / Sleepwalkers' Student Film Festival  
Gonsiori 27  
10147 Tallinn  
Estonia  
phone: +372 628 45 10  
fax: +372 628 45 42  
e-mail: [sleepwalkers@poff.ee](mailto:sleepwalkers@poff.ee)

Date ..... Name ..... Signature .....