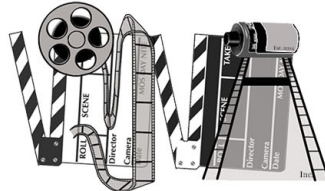


Contact:
 Luis Zavala: 510-234-5018
 Lynn Larsen: 707-290-7473
 (text preferable)



VacaValley Youth Video Affiliation

VYVA Inc.
 PO Box 2335
 Vacaville, CA 95696

www.vyva-inc.org

VYVA Inc. 501(c)(3) Tax ID# 46-5691487

EYE Light Film Festival: Independent Youth Video Submission Form 2016

DEADLINE FOR SUBMISSION	Fee
March 18, 2016 – Final Submission Deadline	Free

ABOUT THE FILM	
Category: Middle <input type="checkbox"/> High <input type="checkbox"/> College <input type="checkbox"/>	Total Run Time: _____ : _____ : _____
Genre: Drama <input type="checkbox"/> Documentary <input type="checkbox"/> Comedy <input type="checkbox"/> Art <input type="checkbox"/> Animation <input type="checkbox"/>	
Musical <input type="checkbox"/> Music Video <input type="checkbox"/> Sci-Fi <input type="checkbox"/> Fantasy <input type="checkbox"/> PSA <input type="checkbox"/> Other <input type="checkbox"/>	
Title of film:	

SUBMISSION FORMAT	
All final submissions must be submitted on a DVD-R or Dual Compatible Flash Drive	
Video format: .mov	Print format: .jpg or .pdf
The DVD-R needs to contain: .mov Film, .mov 30 sec. Trailer, Full color 27" X 41" Vertical Movie Poster saved as .jpg or .pdf at 200-300 dpi PDF containing scanned copy of model releases for all participants. Word documents: script, complete cast list, credits and plot synopsis.	
<i>*Note: All DVD-R need to be labeled with run time, name of film, name of director, address, phone number, and e-mail, flash drives need this information in a word document.</i>	

SUBMISSION CONTACT INFORMATION	
Name:	Grade:
School Name:	Teacher Name:
Address:	
Phone Number:	E-mail:

I hereby state that I have read and understood the submission criteria and rules for submission and hereby agree to festival participation based on the written criteria. Further, I stipulate that I am legally authorized to act as the sole decision maker for the film project listed.

Signature:	Date:
Parent Signature:	Date: