

SPELEO FILM FESTIVAL 2019. – APPLICATION FORM

PAZIN, 22.-24.11.2019.



ORIGINAL TITLE:		
DURATION (in min.):		
COUNTRY OF ORIGIN:		
AUTOR(S):		
ADDRESS:		
CITY:		
POSTAL CODE:		
COUNTRY:		
E-MAIL:		
PHONE / MOBILE NUMBER:		
NAME OF ASSOCIATION, CLUB, ORGANIZATION, ETC.:		
E-MAIL:		
FILM SUMMARY:		

BY ENTERING THE FESTIVAL, AUTHORS GIVE PERMISSION TO PRESENT THEIR FILMS AT THE SPELEO FILM FESTIVAL 2019, AS WELL AS TO USE THEM TO PROMOTE THE FESTIVAL.

NAME AND SURNAME:			DATE:		
SIGNATURE:					

APPLICATION DEADLINE: 17.11.2019.

Please send completed application forms by e-mail to: info.speleofilmfestival@gmail.com or by post to:
Osmica Karlovac, Bašćinska cesta 3, 47000 Karlovac, Croatia