

PARTICIPATION FORM

Filmmaker(s) name(s):

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.....

Address:

Postal code:City:

Country:

Phone:

E-mail: @

Title of film :

Running time :Format:

Year completed :

Documentary Fiction Animation Sound Without category

Languages:

Available Subtitles :

Brief description :

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.....
.....
.....

No copyright

Creative Commons Licence n° (from 1 to 6)

Art Libre Licence

Other *

* If the movie is under copyright: Name and address of the production company :

.....
.....

I give the autorisation to the Festival of Cinema Libre to published my film on the website after the festival. yes no

I certify that I have all rights to show this film during the first edition of the Festival of Cinema Libre that will take place in Hamburg, Germany on the 29,30 and 31 august 2014.

I certify by my signature below that I have read and understand the general conditions of the festival on <http://festivalducinematlibre.com> and that I agree with all the conditions.

Date: / / 2014

Signature(s)