

FESTIVAL
international
CINEMA LIBRE
HAMBURG, 28.08.-30.08.2015

FILMMAKER(S) NAME(S) _____

ADRESS _____

POSTAL CODE _____ CITY _____ COUNTRY _____

PHONE NUMBER _____ E-MAIL _____ @ _____

JUST IN CASE, NAME OF THE PRODUCTION _____

FILM TITLE _____

GENRE Documentary Fiction Animation Sound _____

LAST _____ FORMAT _____

LANGUAGES _____ SUBTITLES AVAILABLES _____

SYNOPSIS AND ANY INFORMATIONS YOU WANT TO TELL US

No copyright / Copyleft / Copyfree Creative Commons Licence n° (from 1 to 6)
 Art Libre Licence Other : _____

I agree with the fact my film could be shared during the festival and after on Internet.
 I don't agree with the fact my film could be shared during the festival and after on Internet.

I certify that I have all rights to show this film during the third edition of the Festival of Cinema Libre that will take place in Hamburg, Germany on the 28,29 and 30 august 2015.

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

Date ____ / ____ / 2015

Signature(s)