



CALL FOR STUDENT SHORT FILM SUBMISSIONS FOR VIDEO VILLAGE

Video Village Application

Name: _____ Grade: _____

School: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Title of Film: _____

Category: Circle one if applicable: **Abstract** **Animation** **Other** _____

Duration of the Film: _____

Submission Check List

- Completed Application emailed to egoddard@spartanarts.org
- Video Files upload to: <http://videovillage.seeingspartanburg.com/videos/add/>

***Curatorial disclaimer:** Not all films will have the capacity for audio. Film Makers, through submission, are in full understanding that their films will be curated based on the expertise and professionals involved in this project.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____