



2020 REEL HEALTH INTERNATIONAL SHORT FILM FESTIVAL APPLICATION AND PAYMENT FORM

SUBMISSION DETAILS

FILM NAME _____

FILM LENGTH _____

FESTIVAL CATEGORY: Behind the Scenes
 Get Well Soon
 The Journey

Would you also like to be considered for the Creative Award category? _____

DIRECTOR'S NAME _____

PRODUCER'S NAME _____

CONTACT DETAILS (PHONE AND EMAIL) _____

SUBMISSION FROM (STATE) _____ (COUNTRY) _____

SIGNATURE _____

FILM DETAILS

Summary of plot: _____

Film themes: _____

****Please note: Application form must be filled out in full to be considered – by signing this form you agree to the terms of conditions of the Reel Health International Short Film Festival***