

Sixth Sense Horror Film Festival - 2017
Submission Form

Project Name _____

Director _____

Writer _____

Producer _____

Cast _____

DOP _____

Year Completed : _____ State/Country : _____

Summary : _____

Do you have a website or Facebook page for the film?

Link or address : _____

Original Format _____

Final Screening Format _____

Personal Details:

Contact Person _____

Address: _____

City : _____ State: _____

Country : _____ Tel No: _____

Mobile No : _____ Email : _____

Facebook Id : _____

Twitter Id : _____

Instagram Id : _____

Other Public screenings, awards and festivals _____

How did you hear about the Sixth Sense Horror Film Festival?

I, the undersigned, represent and warrant that I have full legal right and authority to submit the mentioned film for consideration by the Sixth Sense Horror Film Festival, and that all necessary consents, licensing and approvals have been obtained. I understand that my submission is no way a guarantee of acceptance into the festival, nor has any employee from the SSHFF guaranteed my acceptance into the festival prior to submission. I also understand that there will be no fee waivers available and there will be no submission fee refunds, even if my videos are not nominated or accepted into festival.

Signature _____ Date ____/____/____

Send this Submission Form and Promotional materials to :

Our Registered Office Address:

205, Master Mind – 5 , Royal Palms,
Aarey Milk Colony, Goregaon (East),
Mumbai – 400 065.