

**Sixth Sense Horror Film Festival - 2017**  
**Submission Form**

Project Name \_\_\_\_\_

Director \_\_\_\_\_

Writer \_\_\_\_\_

Producer \_\_\_\_\_

Cast \_\_\_\_\_

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DOP \_\_\_\_\_

Year Completed : \_\_\_\_\_ State/Country : \_\_\_\_\_

Summary : \_\_\_\_\_

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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 \_\_\_\_\_

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

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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.