



**REGISTRATION FORM WITH THE RELEVANT DATA OF THE AUTHOR AND SHORT FILM**

**APRILIA FILM FESTIVAL 18-19 April 2020**

*2° EDITION*

TITLE OF SHORT FILM: \_\_\_\_\_

CATEGORY: \_\_\_\_\_

DIRECTED BY: \_\_\_\_\_

PRODUCTION HOUSE (If present, otherwise leave empty): \_\_\_\_\_

DURATION: \_\_\_\_\_

YEAR OF RELEASE: \_\_\_\_\_

**BAR OR ENTER THE LINK TO THE SITE WHERE YOU UPLOADED YOUR SHORT FILM:**

- 1. FILMFREEWAY
- 2. FESTHOME
- 3. CINEMABREVE
- 4. CLICKFORFESTIVAL

WEBSITE LINK (Youtube/vimeo etc...) \_\_\_\_\_

**SHORT FILM SYNOPSIS**

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NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

Cod.TAX/IDENTITY CARD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE BIRTH: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW DID YOU LEARN ABOUT OUR FESTIVAL?

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*The author of the work declares to be aware of criminal sanctions in case of false statements. In addition, the undersigned pursuant to and for the effects of art. 13 d.lgs. n°196/03 confers its consent to the processing of personal data, also using computer tools.*

*All fields are OBBLIGATORY*

This registration form is valid only for 1 short film. If a second short film is presented, as provided for in our rules, you will need to fill in an additional registration form, but without re-filling the field of your personal data.

For further clarification write us  
[apriliafilmfestival@gmail.com](mailto:apriliafilmfestival@gmail.com)

or visit our website  
<https://apriliafilmfestival.wixsite.com/apriliafilmfestival>

DATE

**READABLE  
SIGNATURE**

