



OFFICIAL SCREENPLAY CONTEST ENTRY FORM

FOR OFFICE USE ONLY:

Script ID# _____

Date Rec'd _____

Payment _____

We are searching exclusively for unproduced feature-length (80-130 pages) scripts in proper screenplay format.

Do not put author's name or contact information on the title page of your submitted screenplay. All contact information is contained in the Official Screenplay Search Entry Form.

The entire package: Screenplay, Entry Form and Entry Fee must be sent to:

IHSFF, 2833 N Central Ave #211, Phoenix, AZ 85004-1031

Name _____

Street 1 _____

Street 2 _____

City _____

State _____ Zip _____

Phone _____ Work Phone _____

e-mail _____

Co-author (*if applicable*) _____

**1700 N. 7TH AVE, SUITE 250
PHOENIX, AZ 85007
(602) 955-6444
WWW.HORRORSCIFI.COM**

Title of Script _____

Genre _____

Logline: *(One to two sentences describing the plot of your Screenplay)*

Length in Pages _____

How did you hear about the contest? _____

Entry Fees:

\$35 US per submission postmarked between 04/26/07 to 05/10/07

\$40 US per submission postmarked between 05/11/07 to 06/28/07

\$45 US per submission postmarked between 06/29/07 to 07/19/07

\$55 US per submission postmarked between 07/20/07 to 08/02/07

Payment Method: *(circle one)*

Check or money order (make payable to IHSFF)

Visa

mc

Amex

cc# _____

Exp. date _____ Amex CID on front of card _____

The following signatures apply towards credit card authorization only.

Signature for credit card authorization:

With my signature below I attest: (*Please note: You must sign in the provided space below in order to be eligible for the competition.*)

1. I have supplied truthful and accurate information in the application form above.
2. The material that I have submitted is mine, I have exclusive rights to the material, and the material is original to me.
3. I understand that the copy of the screenplay I have submitted will not be returned to me, and that I have retained a copy for my own uses.
4. I understand and agree that the burden of securing copyright or WGA registration for my screenplay lies entirely with me. (*INTERNATIONAL HORROR & SCI-FI FILM FESTIVAL* recommends that screenplays be registered with the WGAwest (323-782-4500).
5. I agree to hold the International Horror & Sci-Fi Film Festival, The Phoenix Film Foundation, and any of its' subsidiaries, sponsors or affiliates harmless from and defend them against all claims, demands, losses, costs, damages, judgements, liabilities, and expenses (including attorney's fees) arising out of or in connection with any and all claims or third parties, whether or not groundless, based on any screenplays, plots, characters, or ideas submitted to the INTERNATIONAL HORROR & SCI-FI FILM FESTIVAL or on any screenplay, film, or material developed out of those screenplays, plots, characters, or ideas.
6. I agree to allow the INTERNATIONAL HORROR & SCI-FI FILM FESTIVAL and its' affiliates to use my screenplay and my work and name for the use of promoting the Screenplay Contest and the INTERNATIONAL HORROR & SCI-FI FILM FESTIVAL including my likeness and representation into perpetuity.
7. If I am chosen to be a winner of the Official Screenplay Contest, I will need to supply the INTERNATIONAL HORROR & SCI-FI FILM FESTIVAL with a JPEG headshot photograph and make myself available for all press opportunities regardless of size, medium or market to help publicize the Screenplay Contest and the Festival.
8. I have read and understand the rules and intentions of the INTERNATIONAL HORROR & SCI-FI SCREENPLAY CONTEST.

Signature: _____

Date: _____

Signature of co-writer: _____

If Applicant is Under 18, Signature of Parent or Legal Guardian
