

FREEZE FRAME FILM CONTEST

ENTRY FORM

DUE FEBRUARY 8th

Film Title:

Entry Categories: Drama; Comedy ; Animation; Sci-Fi/Fantasy; Musical; education
OTHER: _____

Director(s):

Age: _____

Address: _____ Town: _____ State: _____ Zip: _____

Tel (mobile or home): _____ Email: _____

Name(s) to appear (up to 4 names) on the Certificate if Selected:

WAIVER:

I consent to the use of my child's photo, video, artwork, etc. to be used by the department for flyers, brochures and other methods of advertising.

All videos will be aired on PEGTV after the contest.

Parent/Guardian Signature

Date

Mail or Drop off:

Include these items with your entry submission and mail to PEGTV Studios ATTN: Freeze Frame 1 Scale Ave, Howe Center, Rutland, VT 05701

- 50 word story description

- USB Storage device (flash drive) with movie (.mpg or .mov)