APPLICATION FORM:

TITLE:

NAME OF PRIMARY CONTACT:

PRIMARY CONTACT PHONE NUMBER:

EMAIL:

TYPE OF PROJECT:

Short film/Play/Comedians

DESCRIPTION OF PROJECT:

LENGTH OF SHOW/SHORT FILM:

HOW MANY CAST MEMBERS:

WHAT IS YOUR SET:

LIGHTING: There will be a few different lighting looks but each company will get a special.

Short trailers must be submitted along with the film for advertising purposes and opening night

FEE payable to: jaz\_fit@yahoo.com

Email the application to: bordercityhorrorfest@gmail.com