



Making Waves Film Fest Entry Form

Entry Category _____

Contact Person _____

School/Organisation _____

Address _____

City/State/Zip _____

Phone _____ Mobile _____

Email _____

Name of Film _____

Names of all involved

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please write a few sentences about your film

I am authorised to submit this entry. I have the authority to convey that all copyright releases and clearances necessary for exhibition of work are secured. I believe that exhibition of this work will not violate or infringe upon the rights of any person, film or corporation. I have read the entry Terms and Conditions and give permission for Making Waves Foundation to use this production for promotion, including but not limited to social media, print material, and to be loaded onto other relevant websites. Unsigned entries will not be accepted.

Sign _____ Print Name _____ Date _____

To enter email your film and entry form to info@makingwavesfoundation.com.au before the closing date. For large online file transfers <https://wettransfer.com/> is a free option.