

24/7

Youth Film Festival 2019

Entry form

Team Name: _____

Key contact person: _____

Contact Number: _____

E-mail: _____

Please put the Key Contact Person's details first.

Team member names (teams can number from 1 person to a maximum of 12 people)

	First Name	Surname	Age	*Role/s
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

*ROLE (eg. Writer/Director/Camera/Sound/Actor/Editor)

Each Team Member must complete a Participant Declaration and Indemnity Form

