

Applicant's Information

Last Name: _____

FirstName: _____

Preferred Phone #: _____

Email: _____

Gender: _____ Graduation date: _____

Fusion's Rising Star

Circle ONE:

Digital Frame and Squence or Sound Image

Film/Video Information:

Title: _____

Length: _____

Vimeo Link for project: _____

Director Information:

Director's Name: _____

Email: _____

Preferred Phone#: _____

Checklist:

_____ I have filled out this form with accurate information and understand that any misrepresentation of information on this form will result in disqualification from the festival.

_____ I understand that if selected my project will be included in the Fusion's Rising Star Showcase.

_____ I understand that the applicant can submit a film to Fusion regardless of the applicant's gender, and I understand that the project must be directed or co-directed by a woman.

Applicant's signature _____

Date: _____

Printed Name _____