

ENTRY FORM
LE TOUQUET FILM FESTIVAL

5/6/7 JUNE 2009

ORIGINAL TITLE :

French Title :

Nationality of film :

Country of co production :

Year of production:

Visa Number (Number CNC for diffusing your film in France) :

Is your:	first film	yes	no
Or a:	school film	yes	no

1 – TECHNICALS DETAILS:

Format shooting: 35	16	S16	S8	OTHER:
	DV	DVCAM	Beta sp	Beta num

Sound: MONO	STEREO	DOLBY A	DOLBY SR
DOLBY SRD	DOLBY PROLOGIC	DOLBY DIGITAL	DTS
OPTIQUE	MAGNETIQUE	DOUBLE BANDE	5.1

Color:	yes	no
Black and white:	yes	no
Color and black and white:	yes	no

Running time:

Format of screening : ONLY 35MM

Screening Ratio:	1.37	1.66	1.85	SCOPE 2.35
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24 Pictures/Seconds Or 25 Pictures/Seconds

NUMBER OF REELS:

LENGTH:

2 – ARTISTIC DETAILS:

DIRECTOR:

LAST NAME:

FIRST NAME:

Nationality

Date of birth:

Address:

Zip code:

City:

Country:

Phone/Mobil:

e-mail:

Fax:

PRODUCER:

LAST NAME:

FIRST NAME:

Production company:

Address:

Zip code:

City:

Country:

Phone/Mobil:

e-mail:

Fax:

website :

In co-production with (company / country):

Screenplay (last name, first name):

Or adapted from (writer, name of book):

Photography (last name, first name):

Editing (last name, first name):

Art direction (last name, first name):

Original Music (last name, first name):

Other music (last name, first name):

Sound (last name, first name):

Main actors:

Synopsis in english: (few words)

Synopsis in french: (few words)

Original language:

Subtitle language:

Dialogues: yes

no

Commentaries: yes

no

Silent movie: yes

no

3 - MATERIALS:

Support of pre-selection

I, (Name of bush-hammering right), gives my exceptional and gracious agreement, so that copies for the pre-selection (VHS, DVD, etc) of the film.....can be kept for the festival archives. In no case these supports of pre-selection will not be able to make public viewing, commercial, non-commercial séances or copies, except special authorization of rightful owner.

YES

NO

I authorise a diffusion of an "extrait" of the film limit at 10% total from the film and not exceeded 3 min, for promotion of the festival

On TV : YES

NO

On our site internet : YES

NO

4 – Director’s biography and filmography (dates, films titles and running times) :

5 – In which festivals has the film been presented?

I HAVE READ THE REGULATIONS OF OPALCINE AND ACCEPTED THEM.

DIRECTOR
LAST NAME:
FIRST NAME:

PRODUCER
LAST NAME
FIRST NAME

SIGNATURE:
(READ AND APROVED)

SIGNATURE:
(READ AND APROVED)

SEND YOUR DVD COPY AND THE ENTRY FORM FILLED TO THIS ADRESS :

FESTIVAL OPALCINE
21 RUE DES PEUPLIERS
92100 BOULOGNE-BILLANCOURT
FRANCE