



ENTRY FORM:

Contact Details:

Name:.....
Company:.....
Address:.....
Telephone:..... Mobile:.....
Fax:.....Email:.....

Film Title:.....
Director:.....
Producer:.....
Main Players:.....
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Production Company:.....
Sales Agent/Distributor:.....
Duration:.....

Synopsis:

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All entries to be posted to:
Film Committee –Ranelagh Arts Festival,
19 Ashfield Avenue,
Ranelagh,
Dublin 6.
E-mail: minicinefest@ranelagharts.org

