



ENTRY FORM

NAME	
TITLE OF FILM	
FILMMAKER	
ADDRESS	
TOWN /CITY	
POSTCODE	
TEL / MOBILE	
EMAIL	
WEBSITE	
SHORT SYNOPSIS	
DURATION	
ASPECT RATIO	

Please circle the screening(s) for which your film is being entered
 More than one screening can be selected – for more info contact the Bang! Team

Main	Young Filmmakers/ Matinee	Community	Animation	HEdge	Bang! (in) the bar
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Please indicate if you would like your film to be considered for screening on our online short film channel at http://www.brit-films.co.uk/	Would you like to make your film available for inclusion on the Bang! Compilation DVD for public release. (see http://bangshortfilmfestival.com/compilation.html)
YES / NO	YES / NO

Please send all films to:
Bang! Short Film Festival
Broadway Cinema & Media Centre
14-18 Broad Street, Nottingham. NG1 3AL