

Short-Short Film Contest Student Registration Form

Date: _____

Film

Title: _____

(If title changes, please let your mentor know!)

Group Leader (Student contact person for the group) _____

Print Names of Group Members:
(If group members change, please let your mentor know!)

Read below, and sign your name in this column

_____	_____
_____	_____
_____	_____
_____	_____

STAFF Mentor/Facilitator _____

1. By signing my name above, Group Members certify that all the photos, music and video in this project, if copyrighted, are given credit in the film.
2. Group Members certify that this project is ORIGINAL in nature, and not a copy of another movie's content in any way.
3. Group Members agree to abide by the decisions of the Awards Committee and agree to design and implement an Oscar Awards Night.