



CineClass

Festival international
du film scolaire et universitaire

REGISTRATION FORM

FESTIVAL CINECLASS 2014

WWW.CINECLASS.FR

REGISTRATION FORM

INTERNATIONAL FILM FESTIVAL SCHOOL AND UNIVERSITY

ORIGINAL TITLE

Original Title: [Required]

Secondary title:

Country of production:

University School of Cinema:

Year of Production:

registration category

Fiction Animation Video Creation Documentary

Genre (s):

Language (s) of the original version:

Silent Movie:

Yes

1 – TECHNICAL INFORMATION ABOUT THE MOVIE:

Shooting Format:

Process: Color B/W Color and B/W

Length in minutes:

SCREENING FORMAT:

Support: Mini DV DV BetaSP Pal HDV BD (Bluray)

Other, specify:

Ratio: 16:9 4:3 Other:

Sound: Stereo Mono

Subtitles: French English



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2 - DIRECTOR (S) CONTACT:

Name Surname:

Phone:

Fax:

Mobile:

Niveau d'étude en cinéma au moment de la réalisation

E-mail:

(I authorize disclosure of the above information in the communication media of the festival.)

PRODUCTION (PRODUCER):

School, University:

Contact person:

Address:

Phone:

Fax:

E-mail:

(I authorize disclosure of the above information in the communication media of the festival.)



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3 - TECHNICAL AND ARTISTIC SHEET

Director(s):

Assistant director(s):

Actors - Roles:

Director (s) of production:

SCENARIO:

Original Screenplay:

Yes No

If yes

Writer:

If not:

Title of the adapted work:

Author of the adapted work:

Screenwriter of the adaptation:



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IMAGE AND SOUND:

D.O.P :

Image Editing:

Art Direction:

Sets:

Costumes:

Music Composer:

Animation technique(s) (Clay
animation, 2D, 3D...):

Animator(s):

Sound engineer:

Graphic designer(s):

Sound Editing:

Sound Mixing:

SYNOPSIS:

Synopsis in French (in 40 words and in 5 lines):

Synopsis in English (in 40 words and in 5 lines):



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DIRECTOR'S WORD (MAXIMUM 5 LINES):

In French:

In English:

4 - HISTORY OF FILM

Event:

Country:

Competition:

Year:

City:

Distinction (s), prize(s), award(s):

Event:

Country:

Competition:

Year:

City:

Distinction (s), prize(s), award(s):



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INTERNATIONAL FILM FESTIVAL SCHOOL AND UNIVERSITY

Manifestation:

Year:

Country:

City:

Competition:

Distinction (s), prize(s), award(s):

5 - SUPPLEMENTARY INFORMATION

Contact (s) responsible for the distribution of the film:

Name - Surname:

Address:

Phone :

Fax :

E-mail :

(I authorize disclosure of information above in the communication media of the festival.)

Financial support of a local authority:



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6 - AGREEMENT:

I,

the undersigned as the producer/director - in
charge of the rights of the Short Film entitled

certify that I have read and approved the rules and regulations of the CineClass
International Student short Film Festival and I accept all conditions.

- I don't authorize I authorize the
- organizing committee of FICMEC 2010 to screen the films selected in its final program in non-
profit and purely artistic/cultural events, thus contributing to the cultural exchange through the
7th art.

Date

Place

Signature:

Please return this completed form, signed and accompanied by the required data CD or DVD,
and the pre-selection DVD copy of your film before or no later than January the 13th 2014.

7 - ON LINE

To facilitate the integration of your video on our website, we recommend that you create an
account on Vimeo (<http://www.vimeo.com>) and that you upload an HD copy of your video on
that platform. You may also use Youtube, Dailymotion or any other platform.

Please fill the internet address to your film, or the embedding code for the Festival website :



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8 - AUTHORIZATION OF BROADCASTING ON THE FESTIVAL WEBSITE

I (please fill in a name) :

as owner (director or producer) of the following short movie:

certify that I read and agreed to the rules of the International school and universities film festival CineClass.

- I do not agree
- I agree that the {CineClass} Festival management may broadcast my video in whole, on their website, for non-profit and purely artistic purpose, in order to promote my films and my work.

Date

Place:

Signature:

9 - SHIPPING ADDRESS

FESTIVAL CINECLASS

Lycée Clément ADER

76 Avenue Georges Clemenceau

77220 Tournan-en-Brie

France

Phone : +33 01 64 07 20 18

Fax : +33 (0)1 64 07 93 11

inscriptions@cineclass.fr

Don't forget to mention

«No business value - For cultural purpose only»

“For cultural purposes only - No commercial value” on the package during shipping.



REGISTRATION FORM

Festival
CineClass
2014

10

INTERNATIONAL FILM FESTIVAL SCHOOL AND UNIVERSITY

10 - SHIPPING MODE

Means of transport chosen:

Post Internet

Website for forwarding large files

11 - SPECIAL REQUESTS OR COMMENTS

Print

Submit

