

# **FAITH FILM FESTIVAL SUBMISSION FORM Season 2**

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**Film Name** **Narrative / Documentary**

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**Contact Person** **Contact Telephone**

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**Contact Mail Address** **Contact Email**

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**DIRECTOR / PRODUCERS**

**Film Information**

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**Length / Format / Year Produced**

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**Short Synopsis**

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**List Above other website or Film Festivals where your film has been screened**

**Mail to: FAITH FILM FESTIVAL,  
1712 10th Avenue Brooklyn, NY 11215  
Include a DVD Screener or Quicktime file on a DVD, and any  
publicity material available. No submission Fee.**