



**Night of 1000 Shorts "CONNECTIONS" Video/Film Competition
ALL SECTIONS MUST BE COMPLETED!**

Submissions due by: January 15th, 2010

1. Video submitted by (this person will be the main contact for the video):

Name: _____

Organization/school/Company (if applicable): _____

Address: _____

City, State: _____ **Zip Code:** _____

Email: _____ **Phone:** _____

2. Video information:

Video Title: _____

Running Time: _____ **Completion Date:** _____

3. Credits:

Director: _____

Writer: _____

Camera: _____

Editor: _____

4. Artist's Statement (Describe what your video is about in two sentences or less)

**Send application and video entry to:
Children's Media Project, 20 Academy Street,
Poughkeepsie, NY 12601 Attn: CONNECTIONS**

Tapes will not be returned. DO NOT SEND MASTERS.

5. Agreement: (if applicant is under 18 years of age, this agreement must be signed by a legal guardian, authorized organization staff, or teacher)

1. I am authorized to submit this video to Children's Media Project for the Night of 1000 Shorts video/film competition.
2. All information provided on this submission form is true.
3. I authorize CMP to redistribute this video via Night of 1000 Shorts Screenings.
4. I would like my video to be considered for inclusion on the Night of 1000 Shorts webpage on the Children's Media Project website. (please select yes or no) ___ yes ___ no
5. I would like my video to be considered for inclusion on Night of 1000 Shorts DVDs. (please select yes or no) ___ yes ___ no

Name (please print or type)

Organization (please print or type)
(if applicable)

Signature

Date

PROGRAMMING DECISIONS REMAIN FINAL.

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