

ENTRY FORM



PLEASE USE BLOCK CAPITALS

TITLE OF ENTRY

PRINCIPAL CONTACT

NAME:	
MAILING ADDRESS:	
	POST CODE
EMAIL ADDRESS:	
Duration (Maximum 30 mins):	CONTACT TELEPHONE NUMBER:

Brief description of production. (You may attach further information):	
"Member of production team member under 30 at 19 November 2009" NAME:	POSITION:

DECLARATION: By signing this form you confirm have obtained all and full clearances from all relevant artists and contributors to the *Production* named on this form, including actors, writers, music composers, musicians and clearance on any other copyrighted material used. You authorise the organisers of the Insight Festival to use the whole production or extracts for the all purposes of the Festival and its promotion.

Signature of Principal Contact:
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Each entry must be submitted with this form by **14 September 2009** to:
INSIGHT Film Festival, Martin Harris Centre for Music and Drama, University of Manchester, Oxford Road, Manchester M13 9PL