



EPISD Student Digital Film Festival Entry Form

This form must be **COMPLETELY** filled out by **EACH** student responsible for creating the film entry. If a team of 4 students collaborate on one film, we must receive this form from **EACH** of the students. Attach Photo/Video Release forms for **EACH** actor that is identifiable in the film. Please attach/staple all forms for each film entered and submit together. Please PRINT.

Campus Name:		Grade:	
Student Name (please print neatly):			
Grade Level Group (please circle one):	K-2	3-5	6-8 9-12
Category (please circle one):	Animation/Claymation	Digital Story/Documentary	
	Movie & Book Trailer	PSA/Commercial/NewsCast	
	Music Video (Secondary Only)		
Title of Film (please print neatly):			
Description (25 words or less)			
Teacher/Sponsor Name (please print neatly):			
Teacher/Sponsor Signature:			
Teacher/Sponsor email address:			

I have read the rules of the EPISD Student Digital Film Festival and agree to abide by them. My entry is an original production and has not been copied from any other work. I understand that the decisions of the judges are final. I hereby give my child permission to participate in the EPISD Student Digital Film Festival.

Student Signature:	Parent Signature:
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EPISD Teachers – Please mail all applications through SCHOOL MAIL to JOHN ROACH at Terrace Hills Middle School no later than April 24, 2017. Applications may be scanned and emailed to jdroach@episd.org with the subject title FILM FESTIVAL PACKET.

Area teachers - Mail applications to:

Terrace Hills MS c/o John Roach

4835 Blossom

El Paso, TX 79924