Mashariki African film festival Submission Form 2015

*Mashariki African film festival is now accepting submission for its First edition, to take place in multiple locations throughout Rwanda in March /2015.*

*We are happy to announce the First Edition of MASHARIKI AFRICAN FILM FESTIVAL. It will be held from the 8th to 14th March 2015 in Kigali/ RWANDA. The festival has lined up various activities to bolster film making, these includes workshops, film screenings, training, discussions, peer networking and mentorship programs.*

*Submission Deadline: 30th/ January/2015*

**\*Obligatory**

***FILM INFORMATION***

*Original Film Title \*:*

*English Film Title:*

*If different from original title*

*Director(s) \*:*

*Producer(s) \*:*

*Duration (in minutes) \*:*

*Date Completed \*:*

*Production Country \*:*

*Language(s) \*:*

*Category \*:*

* *Feature: - Fiction - Documentary*
* *Short: - Fiction - Documentary*

*Film Logline \*:*

*Short Synopsis:*

*Does the film have subtitles? (English or French):*

*Exhibition Format (Data file (Mp4) on DVD or DVD):*

*Previous Screenings and Awards:*

*Please list film's previous public screenings and any screenings scheduled to take place before Mar 2015:*

*How Did You Hear about Mashariki African film festival? \*:*

***CONTACT INFORMATION***

*Primary Contact \*(Please provide full name):*

*Email Address \*:*

*Phone number \*:*

*Mailing Address \*:*

*Additional notes or comments:*

*\* By submitting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (film title),*

*The undersigned warrants that (s) he has the right to submit and exhibit the above-indicated film to Mashariki African film festival and will indemnify and hold harmless the Festival, its directors, management, staff, and sponsors, against any and all claims arising out of Mashariki African Film festival’s exhibition and promotion of said film should such film be programmed as part of the 2015 Mashariki African Film Festival. Further, I agree that ZIFF may use up to a 5 minutes of said film for promotional purposes.*

*I also accept that the Mashariki African Film festival takes place in the Mashariki African Film festival non-commercial outreach program in Rwanda where my film may also be screened.*

*Submitted by (Full name):*

*Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PLEASE MAKE SURE THE APPLICATION IS COMPLETE AND SIGNED*

***DVDs (3 copies) and filled application should be mailed to:***

*Head office: KIGALI CITY, NYARUGENGE DISTRICT*

*P.O. Box 1925 Kigali-Rwanda*

*Tel: (+250) 783607414/ 788505042/ 788706884*

*E-mail: info@ mashariki.rw*

*Website: www.mashariki.rw / www.maaff.rw*