

Entry Form 2010

Please send it before **April 20th, 2010**



1 - Category

Kind : Animation Fiction Documentary exp.
Age of the public : 3 to 6 7 to 11 12 to 15 16+



2 - Artistic card

Original title _____

English title _____

French title _____

Country of production _____

Co-producing country _____

Year of production _____ Year of completion (*month, year*) _____

First film ? yes no

Director (*name, first name*) _____

Production (*company, name of producer*) _____

Co-Production (*company, name of producer*) _____

Screenplay (*name, first name*) _____

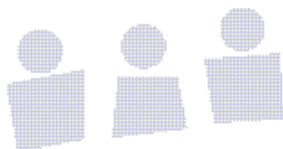
If literary adaptation, author and title of work : _____

Editing (*name, first name*) _____

Original music yes no

If yes, composer (*name, first name*) _____

Leading actors (*name*) _____





3 - Technical data of the film

Format of the support : 35 mm yes no other (*please specify*) :

If it's a DVD, will the film be in 35 mm for the festival ? yes no

Optical sound : Dolby A Dolby SR Mono SRD

 DTS Digital

Screen ratio : 1.37 1.66 1.85 scope

Running time : min second

Number of reels : Length (*total*) meters

Process : color black & white color and black & white

Animation technique : _____

Language of the original version :

Language of the subtitles : French English Other

The film has dialogues : yes no

The film has comments : yes no

French synopsis (*300 signs maximum*) : _____

English synopsis (*300 signs maximum*) : _____

First screening yes no

Diffusion in cinema yes no If yes, distributor, contact :

Selection in festival yes no If yes, send the list (name and date of festiva)

If the film is selected, please send us all the necessary documents and materials as soon as possible : Director's photog. pictures of film, dialogue list, subtitles list, press materials, posters,



4 - Information about the director

The director was born in (date of birth) _____ at (town and country) _____

_____ . His films are : (titles, feature or short, date) _____



5 - Contact

Director(s) Name : _____

Address _____

Tel. _____ Fax : _____

Mobile _____ E-mail _____

Producer(s) Name : _____

Address _____

Tel. _____ Fax : _____

Mobile _____ E-mail _____

In the event of selection, person or company to be contacted

If different from director or producer, (name, address, tel, fax, mobile, email)

Sale Contact in France (name, address, tel, fax, mobile, email) _____

Sale Contact abroad



6 - Authorization

Support of preselection

I, undersigned, _____ (name of having right), agree

to the free use of the preselected film(s) _____

in the resource centre of the festival. The(se) film(s), nor their copies, will not be pre-

sented to public, commercial, or private audiences, except by written permission.

yes, I agree no, I don't agree

Value of the copy for insurance purposes (determined by the laboratory tariff in force)

Excerpts from the film

The festival is allowed to use excerpts from the film (max 3 min)

For TV : yes no for Internet : yes no

Please send
this entry form signed
before **April 20 th, 2010**
to Ciné-Jeune de l'Aisne
Be careful! New adress:
BP 526 - 28, rue du Cloître
02001 LAON Cedex
France

I, undersigned, _____ in my capacity as

_____ attest to know the regulations of Ciné-Jeune de

l'Aisne, International Film Festival and accept all the conditions of these terms.

Date : _____ Signature :