

Application Form

FILM COMPETITION FOR YOUNG FILMMAKERS AS PART OF 51TH IŃSKO FILM SUMMER

Name and Surname:

Address:

E-mail:

Phone:

Film Title:

Year of Production:

Duration:

Language of Dialogue:

Name and Surname of Director:

Name and Surname of Screenwriter:

Name and Surname of Cinematographer:

Name and Surname of Composer:

I consent to the processing by the organizers of the competition of my personal information included in the application form for participation purposes (in accordance with the Personal Information Protection Act of 29.08.97, Journal of Law of 2016, item 883, as amended 922). Signing the form is equal to the acceptance of the rules and regulations of the competition

..... Date and signature