



The College of The Bahamas

Short Film Festival 2012

REGISTRATION FORM

Date: _____ Phone number: _____

Email: _____

Short film name: _____

Producer(s): _____

Duration: _____

Brief description of short film: _____

Format: DV () HDV ()

Remember: (1) You have to submit this form on or before February 10, 2012 to Hugo Zárate in room T21 or to the office of the School of Communication and Creative Arts in room S6.

(2) With your signature you agree to the terms and conditions of this festival.

Short Film Director's Signature: _____