

**FilmOffaly Short Film Award 2019 Application Form**

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| **One Application Form needs to be submitted with the script.**  **Only one script per author. Read Guidelines Carefully.**   |  | | --- | | **Closing date 3pm Friday 22nd March 2019** |   **Post Application Form (not e-mail) together with three copies of your script**  **and three copies of a 500-word synopsis to:**  **FilmOffaly Short Film Award, Arts Office, Offaly County Council, Aras an Chontae, Charleville Road, Tullamore, Co. Offaly** |

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| **Details: (IMPORTANT PLEASE COMPLETE IN BLOCK LETTERS)** | |
| **Applicant Name:** |  |
| **Applicant Address:** |  |
| **Telephone:** |  |
| **Mobile:** |  |
| **E-Mail: (Please Print Clearly)** |  |
| **Website:** |  |
| **Name of Script** |  |
| **Name of Writer/Writers** |  |
| **Contact of Writers (Tel or Mobile):** |  |
| **Production Company/Producer (If Known)**  **Name & Contact Number** |  |
| **Production Company Address (If Known)** |  |
| **Director and/or DOP (If known)** |  |
| **Type of Script** | **Short Fiction  Short Documentary  Experimental** |
| **Enclosed (Check List)** | |
| **Three Copies of Script or Treatment (In case of documentary)**  **Omit authors and production companies name from Script.**  **Three Copies of Synopsis** | |
| **Declaration:** | |
| **Signed:** **Dated:** | |
| **Important Notes: Please read the Guidelines carefully before submitting your script.** | |
| -Scripts will not be returned if a S.A.E of correct size and postage is not supplied.  -Applications will not be accepted after the deadline.  -All entries must be posted or delivered by hand. Not by e-mail.  -We do not accept CDs or removable drives.  - Please complete all sections of this application form. You will be notified by e-mail of decisions | |