

One-Take Film Festival

www.onetakefestival.com
April 16th - 18th

Producer's Name: _____

D.O.B. _____

Address: _____

Phone# () _____

Email Address: _____

How did you hear about the festival? _____

Your entry fee will provide filmmaker passes for 4. If you would like to include more team members Include \$5 for each additional team member.

Name of team members: _____ (add \$5 per extra team members.)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Circle one: 1

Team members will have free entry into the screening. To help us adequately plan the screening venue, how many non-team members do you expect to attend? _____

Name your team: _____

Entry Fee= \$30.00 (before march 20th) Late Entries=\$35.00 (March 21st - April 1st)
+\$5.00 for any additional team members.

Return this Form with a check or money order

made payable to: the Patrick Crawford Foundation.
6810 Bridle Court
Wilmington, NC 28411