



E A S T W E S T
F I L M S

FILM SUBMISSION FORM

Title of film: _____

Date: ___/___/___

Date(s) of Principal Photography: ___/___/___ - ___/___/___

Production Company: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

List any recognizable name(s) in the movie:

1. _____
2. _____
3. _____
4. _____

Genre: _____

Budget: _____

Logline: _____

Film website: _____

Filmed on: 35mm 16mm Super 16

HD HDV DV Other: _____

Run Time: _____ mins

Trailer Available: Yes No

Do you have all your music rights clearance? Yes No

Has the film been previously released (if so, when/where)? Yes No

Has the film been to any festivals and/or screenings (if so, when/where)? Yes No

**Send Screeners to: EastWest Films, Inc
Acquisitions Department
9532 Liberia Ave. #711
Manassas, VA 20110**