

“Impact of CARES scheme”

—- Short Film Competition —-

Registration Form

Name & Address of the Company/Individual/ Institution registering for
“Impact of CARES scheme, Short Film Competition”.

Name: _____

Address:

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Phone: _____ E-mail

_____ Website: _____

Probable Team Members and Technicians (may add as required)

1. Name: _____

Role: _____

2. Name: _____

Role: _____

3. Name: _____

Role: _____

4. Name: _____

Role: _____

5. Name: _____

Role: _____

Signature of the Producer (s)

Signature of the right holder (s)

Seal (As applicable)

Date