



CPIFF SUBMISSION FORM

Crystal Palace International Film Festival
Suite 5 Woodville Court, 31 Sylvan Road
London SE19 2SG
www.CPIFF.co.uk

Must be completed fully with every submission.

Contact Name / Production: Address:	Film Title:
	Director: Category:
Tel / Email / Website:	
Synopsis:	

I certify that I hold all necessary rights for the submission of this film and indemnify CPIFF (Crystal Palace International Film Festival) against any responsibilities incurred by the projection of this film. I enclose the appropriate fee for this submission & deadline. (See CPIFF.co.uk for details)

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Sign here

PLEASE PRINT ALL INFORMATION CLEARLY IN CAPITALS