

# EXPLODING CINEMA [SUBMISSION FORM]

**NAME:**

**ADDRESS:**

**TEL:**

**EMAIL:**

**TITLE** **YEAR** **DURATION\*** **FORMAT: ORIGINAL/SUBMITTED**

**\* (We can only screen films or excerpts that are NO LONGER than 20 minutes).**

**Films are submitted on a volunteer basis; there is no fee for films screened.**

**Please label the media with title, date and contact details, include additional info or brief description and mail to:**

**EXPLODING CINEMA**  
**55 Lady Somerset Road, London NW5 1TY, UK**  
**+44 (0)774704 1122**

- I agree to the screening of the submitted film(s) at a future EXPLODING CINEMA screening.**
- I agree to the inclusion of the submitted film(s) in a compilation DVD to be distributed by EXPLODING CINEMA.**

**SIGNATURE:**

**DATE:**

[Explodingcinema@hotmail.com](mailto:Explodingcinema@hotmail.com)

[www.explodingcinema.org](http://www.explodingcinema.org)