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**2012 REEL Recovery Film Festival
Film Submission Application**

Title: _____

Running Length: _____

Producer: _____

Director: _____

Written By: _____

Year Film Was Completed: _____

Contact Person: _____

Street Address: _____

City/State/ZIP: _____

Telephone Number: _____

E-mail Address: _____

Website For The Film: _____

By signing this form, I acknowledge that I understand the general rules for submission to the 4th Annual REEL Recovery Film Festival and that I give W.I.T. my permission to screen this film at will. I understand that this DVD copy will not be returned.

Date: _____

Signature: _____

Printed Name: _____