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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:** \_\_\_\_\_