



FESTIVAL  
**BCT**  
BENEVENTO  
CINEMA  
TELEVISIONE



# Fantasmagorie

concorso internazionale  
per il cortometraggio  
d'animazione

## SUBMISSION FORM

Title

.....

Timing

.....

Date of release

.....

Nationality

.....

Original language

.....

Production/Producer

.....

Directed by

.....

Written by

.....

Tagline

.....

Biographical notes and contact information of the Author

|                                |
|--------------------------------|
| <i>Date and place of birth</i> |
| <i>Place of residence</i>      |
| <i>Mobile phone</i>            |
| <i>e-mail</i>                  |

**For underage Authors:** Biographical notes and contact information of parents

|                                |
|--------------------------------|
| <i>Date and place of birth</i> |
| <i>Place of residence</i>      |
| <i>Mobile phone</i>            |
| <i>e-mail</i>                  |

First film?

- Yes
- No

I authorize Ambrosini MediaGroup and BCT to process my personal data, according to the Legislative Decree N. 196/2003 as per Article 13 of the General Data Protection Regulation (GDPR) – Regulation (EU) 2016/679 of the European Parliament.

I fully accept the regulation of *Fantasmagorie*, available on [www.fantasmagoriecontest.com](http://www.fantasmagoriecontest.com).

I declare that I am the copyright-owner of the work entered in the competition.

I authorize Ambrosini MediaGroup Srl, BCT and *Fantasmagorie* to publish on its websites / social channels / press channels (cinema, TV, radio, paper) photographs and / or images and / or videos in which they are portrayed and / or filmed, eventually produced during festival days.

I declare that this Release does not infringe any contractual term and/or rights of other representative agencies, raising Ambrosini MediaGroup Srl, BCT and Fantasmagorie from any claims by third parties in relation to this concession of rights.

I declare that the authorization has unlimited validity and the use of images / videos are to be considered free of charge.

I declare that the authorization is valid for the use of movies / images of the short selected by the Jury for promotional purposes of the competition.

FOR UNDERAGE AUTHORS ONLY

(Name and surname) ..... parent of (name of the Author)..... I authorize my son to take part in the *Fantasmagorie* competition, organized by Ambrosini MediaGroup Srl and Associazione Culturale Visivamente in collaboration with BCT - National Film and Television Fest. The submission implies full acceptance of the regulation in its entirety and of the rules contained in the participation form.

Place and date

Author's sign

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Parent's sign (FOR UNDERAGE AUTHORS ONLY)

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