HONOLULU FILM AWARDS
Screenplay Competition Entry Form

1. CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

2. SCREENPLAY INFORMATION

Screenplay Title: _____

Writer/Writers: _____

Number of Pages: _____ Genre: _____ Date of Completion: _____

Short Synopsis: _____

_____

_____

How did you hear about us? ❑ Internet ❑ Word of Mouth

❑ Advertisement (please list) _____ ❑ Other _____

3. PAYMENT: Fee: $30

Payment Type: ❑ Check (Make payable to Honolulu Film Awards) ❑ Money Order ❑ Credit Card

Credit Card: ❑ Visa ❑ Mastercard ❑ American Express ❑ Discover

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

4. MAIL ENTRIES TO:

Send completed entry form, hardcopy of script, and payment to:

Honolulu Film Awards

575 Cooke Street, Suite A, PMB 2411

Honolulu, HI 96813

5. RELEASE

I have read, understood and agree to all the Screenplay Competition guidelines and am duly authorized to submit this screenplay.

Signed: _____ Date: _____