



Title of PSA: _____

Name of entrant: _____

Address: _____

City: _____

Phone (Work) _____ (Home) _____

E-mail _____

By signing this entry form I hereby agree to all the rules and allow the CBC to broadcast my work and for the Dawson City International Short Film Festival to use my film for promotional purposes.

Applicant

(Parent or guardian if applicant is under 16 years of age)