



**SINAG MAYNILA 2017 DOCUMENTARY FILM ENTRY FORM:**

Film Title : \_\_\_\_\_

Length of Film : \_\_\_\_\_

Name : \_\_\_\_\_

School (If Student) : \_\_\_\_\_

Profession : \_\_\_\_\_

Address : \_\_\_\_\_

Contact Number : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Age : \_\_\_\_\_

I hereby accept all the rules and mechanics of the festival and I declare all information above as true and correct.

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Signature over Printed Name

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Date Signed