



SINAG MAYNILA 2017 FULL LENGTH 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.

Signature over Printed Name

Date Signed