



Please fill out all fields if possible, necessary fields will be marked with a red asterisk (\*)

\* Name of creator, producer, or  
whomever controls distribution \_\_\_\_\_

\* Title and/or subtitle of film  
\_\_\_\_\_

\* Topic or theme of film  
\_\_\_\_\_

\* Date filmed (or approximation) \_\_\_\_\_

Organization responsible for the film \_\_\_\_\_

\* Length of film (or approximation) \_\_\_\_\_

**Information concerning person responsible for the film**

Street Address \_\_\_\_\_

State/Province \_\_\_\_\_

Zip Code \_\_\_\_\_

\* Country \_\_\_\_\_

Phone Number \_\_\_\_\_

\* Email Address \_\_\_\_\_

Website of film, producer, sponsor http://\_\_\_\_\_

Thanks so much for taking the time to fill this form out. If we like the sound of your film we will request a copy to preview by either email, or when lacking, phone.

-Tom

Contact information:

Email:

Phone: (USA) 802-823-7713

Mailing Address: Tom Mavilia

Williamstown Mountain Film Festival

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N. Pownal, VT

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