



Request for Evaluation Video

THIS REQUEST FOR EVALUATION IS DUE BY April 1, 2017.

Sponsoring Adult/Teacher: _____

Name of School: _____

Cell Phone: _____

April 21, 2017, 8:30am to 1:30 pm Email: _____

.....
Name(s) of Filmmaker (s): _____

_____ Age: _____ Grade: _____

Title of Film: _____

Length of Film: _____

.....

Artist Statement Regarding Film:

- Each video submission should be a maximum of twelve (12) minutes long.
- Videos should be submitted by DVD ONLY. DVDs must be labeled with: ENTRY TITLE, STUDENT’S NAME, and SCHOOL. (Please also include this information in the actual video in the form of credits.)

I hereby give Appel Farm permission to use my work for Appel Farm and Salem County Teen Arts Festival promotional purposes only.

Signature _____ Date _____

Tamara Corsi, Conference and Special Events Assistant
856-358-2472 or tcorsi@appelfarm.org



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