

Please tick:

- I have attached a copy of proof that I (or selected team member) live/work/study in the City of Kalamunda**
- My film does not contain content that may breach a PG rating**
- I give the City of Kalamunda permission to use this film for promotional purposes and screen to audiences (including the final screening night). Credit to creators will always be given.**
- All individuals shown within this film have completed photo consent forms which are attached**
- A credits list is included in the film**

Screening Night

Are you able to attend the final screening night? Taking place from 5:30pm – 8:30pm on Wednesday 27 November 2019 at the Kalamunda Performing Arts Centre?

Please circle: Yes No How many attendees: _____

Contact Details of Applicant

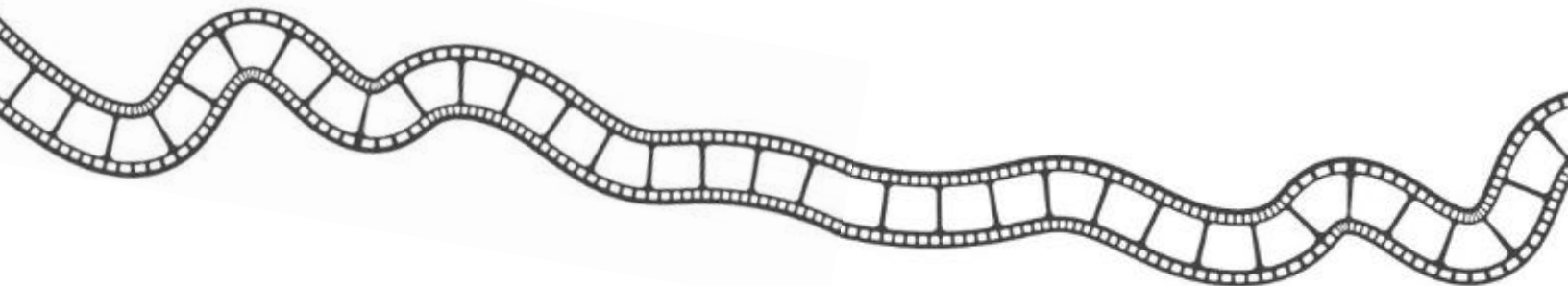
Full Name: _____

Mobile Number: _____

Date of Birth: _____

Address: _____

Email Address: _____



PARENT / GUARDIAN INFORMATION OF APPLICANT

If you are aged 18 years or younger, please provide your parent or guardian's contact details:

Parent Name: _____

Mobile Number: _____

Email Address: _____

I give permission for _____ to submit this film into the Drug Aware Torchlight Youth Film Festival.

Signed: _____ **Date:** _____

ARTIST DECLARATION

I declare all the information provided in this application is accurate, and that the piece submitted is my own work.

Signed: _____ **Date:** _____

SUBMITTING APPLICATION FORM

Please submit your form via:

Email – youth@kalamunda.wa.gov.au

Postage –

City of Kalamunda
PO Box 42
KALAMUNDA WA 6926

In Person –

City of Kalamunda Administration Centre
2 Railway Road, Kalamunda WA 6926

You must submit your application form by 5pm on Friday 1 November 2019.

-END OF APPLICATION-

