

Prague Actors & Filmmakers Film Festival

PRAGUE ACTORS



FILMMAKERS

Registration Form

Movie Title:

Director:

Writer:

Production:

Synopsis:

Cast:

Contact Information:

Media Format:

Genre:

Running Time:

Prague Actors & Filmmakers Film Festival

PRAGUE ACTORS



FILMMAKERS

Copyright Permission

Movie Title:

Owner Name:

Material Discription:

I hereby grant and authorize Soundcast s.r.o.
the right to exhibit, publish, distribute and
make use of any or all of the given material for
any lawful purpose.

Signature:

Date: