



**The Mobile Film School**

Little Rock Film Festival – Student Pitch Sessions 2008

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Myspace \_\_\_\_\_

Birth date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher Contact \_\_\_\_\_ Phone & Email \_\_\_\_\_

On one separate page, please include a summary of the project you wish to pitch.

Would you like to include a one to two minute video clip of your project? \_\_\_\_\_

If accepted, I agree to fully participate in all activities and complete all requirements given by The Mobile Film School and Little Rock Film Festival. I realize that my participation will be required from start to finish (previous commitments to other extra-curricular activities will be honored), and that I will be expected to collaborate in a creative and supportive manner.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date