Ibaraki Film Arts Festival

Please fill out the form and send it with the video.

Name			
Address			
Age		date of birth	
Phone number			
E-mail address			
Organization member	Organization Name Member(Name,Age)		
Title (Film work)			
Time	min sec		
Date (Production)	year month		
Copyright Holder			
Work Description			
How did you know about this?	• Flyer • Website • Others（ ）		

□ I agree to the precautions stated in the application requirements for the Ibaraki Film Arts Festival.

事務局使用欄	
受付日	
受付番号	