



ENTRY FORM 2020

(PLEASE USE CAPITAL LETTERS)

Title of Film: _____

Length of Film: _____ Genre: _____

Edited on: _____ (editing software) Windows or Apple Mac (circle one)

Name of Film-maker or Film-making Team: _____

Name of Writer(s): _____

Name of Director(s): _____

Name of Producer(s): _____

If all members of the film-making team are the Writers, Directors and/or Producers of the film write "WHOLE TEAM" on any line where it is relevant.

DETAILS OF FILM-MAKER OR REPRESENTATIVE OF FILM-MAKING TEAM

This section needs to be completed by or on behalf of the film-maker or a member of the film-making team who will be a contact person for this entry to the Someday Challenge. That person needs to sign on page 3 and there needs to be an Individual Release Form for them.

There is also a section on page 3 for an adult contact person (eg a teacher or a youth worker) to provide their details

Name: _____

Date of Birth: _____ T-shirt size: S M L XL XXL (circle one) Male / Female / Gender Diverse (circle one)

Address: _____
(including postcode)

Phone: _____ Mobile: _____ Email: _____

Region: _____ City: _____ Town/Suburb: _____

What is the best way to contact you? _____

Which ethnic group/s do you belong to? (circle at least one):

NZ European/Pakeha Maori Samoan Cook Islands Maori Tongan Niuean Chinese Indian European

Other (please specify): _____

Iwi (if applicable): _____

If you are a student, where are you studying? _____

Primary Intermediate Secondary Tertiary (circle one)

Have you or any of your team or your teacher / youth worker attended a Someday Workshop?

What year? Who attended? _____

How did you find out about The Outlook for Someday? _____

IF THERE IS MUSIC IN THE FILM AND I HAVE NOT PROVIDED LICENCES FOR IT, HERE IS INFORMATION ABOUT THE MUSIC, WHERE IT IS FROM OR HOW IT WAS CREATED:



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IF REPRESENTATIVE OF A FILM-MAKING TEAM, I CONFIRM THAT I HAVE THE AGREEMENT OF THE OTHER TEAM MEMBERS FOR ME TO COMPLETE AND SIGN THIS FORM. *An Individual Release Form is also needed for each team member.*

Details of other team members (if applicable)

Print additional copies of this page if necessary

Name: _____ **Date of Birth:** _____ **T-shirt size:** S M L XL XXL

Male / Female / Gender Diverse (circle one)

Phone: _____ **Mobile:** _____ **Email:** _____

Region: _____ **City:** _____ **Town/Suburb:** _____

Which ethnic group/s do you belong to? (circle at least one):

NZ European/Pakeha Maori Samoan Cook Islands Maori Tongan Niuean Chinese Indian European Other (please specify)

Iwi (if applicable): _____

If you are a student, where are you studying? _____

Primary Intermediate Secondary Tertiary (circle one)

Name: _____ **Date of Birth:** _____ **T-shirt size:** S M L XL XXL

Male / Female / Gender Diverse (circle one)

Phone: _____ **Mobile:** _____ **Email:** _____

Region: _____ **City:** _____ **Town/Suburb:** _____

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Iwi (if applicable): _____

If you are a student, where are you studying? _____

Primary Intermediate Secondary Tertiary (circle one)

Name: _____ **Date of Birth:** _____ **T-shirt size:** S M L XL XXL

Male / Female / Gender Diverse (circle one)

Phone: _____ **Mobile:** _____ **Email:** _____

Region: _____ **City:** _____ **Town/Suburb:** _____

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NZ European/Pakeha Maori Samoan Cook Islands Maori Tongan Niuean Chinese Indian European Other (please specify)

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Primary Intermediate Secondary Tertiary (circle one)



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IN ENTERING A FILM ('THE FILM') FOR THE SOMEDAY CHALLENGE, THE SUSTAINABILITY FILM CHALLENGE FOR YOUNG PEOPLE ('THE CHALLENGE') I, THE UNDERSIGNED:

- Confirm that I and (if applicable) all members of my film-making team was / were born in 1996 or later;
- Confirm that I and (if applicable) all members of my film-making team am / are Citizen(s) or Resident(s) of New Zealand or studying or working lawfully in New Zealand;
- Confirm that I / we are entitled to use all material in the Film for the Film to be shown throughout the world in perpetuity in / on any present or future media, as well as in advertising and publicity of both the Challenge and the Film or any part of them or any derivative of them;
- Understand that the Film is my / our intellectual property;
- Understand that Connected Media Charitable Trust ('Connected Media') which is running the Challenge, will seek to achieve a widespread audience for some of the films entered in the Challenge;
- Agree that, if the Film is selected as a shortlisted or winning film in the Challenge, Connected Media, its licensees and assignees will have the irrevocable and unlimited non-exclusive right (and are licensed) to use the Film or any part of it as it may be edited by or on behalf of Connected Media at its discretion, for showing throughout the world in perpetuity in / on any present or future media;
- Understand that the Challenge is supported by several partner and funding organisations and agree that Connected Media may share with those organisations my demographic details for statistical purposes and contact details in order that they can contact me regarding relevant initiatives and opportunities;
- Accept that the Film will only be eligible as an entry to the Challenge after I have completed a brief online questionnaire, for which I will be emailed a link once my film has been received by Connected Media.

SIGNED BY FILM-MAKER OR REPRESENTATIVE OF FILM-MAKING TEAM:

Signed: _____ Date: _____

PARENT / LEGAL GUARDIAN / CAREGIVER (CIRCLE AS APPROPRIATE)

ALSO TO SIGN IF FILM-MAKER OR REPRESENTATIVE OF FILM-MAKING TEAM IS UNDER 18 YEARS OF AGE:

Signed: _____ Date: _____

Name: _____

Address: _____

Phone: _____ Mobile: _____ Email: _____

DETAILS OF OTHER ADULT CONTACT PERSON (IF APPLICABLE) EG TEACHER OR YOUTH WORKER

Name: _____

Address: _____

Phone: _____ Mobile: _____ Email: _____

BEFORE YOU SEND YOUR ENTRY:

- Please read the 'Entry Requirements & Checklist' page in the Toolkit on The Outlook for Someday website
- Make sure you can answer 'yes' to all of the questions in the Checklist at the bottom of the page

SEND THIS FORM TOGETHER WITH:

- Your film
- All necessary release forms and licences

INCLUDE INDIVIDUAL RELEASE FORMS FOR:

- Each person who is featured in the film, visually or by their voice
- Each member of the film-making team, including Writer(s), Director(s) and Producer(s)

SEND BY POST OR COURIERPOST (VIA YOUR LOCAL POSTSHOP) TO:

The Outlook for Someday
PO Box 15679
New Lynn
Auckland 0640

TO ARRIVE NO LATER THAN 4 SEPTEMBER 2020