

San Francisco International New Concept Film Festival
旧金山国际新概念电影节

Fashion Show Application Form
时尚秀全球大赛申请表

Please fill-in all the following parts or apply on-line: www.sfnewfilms.com by May 20.
请打印或填写清楚以下所有部分。可在 www.sfnewfilms.com 在线下载此表。网上申请或邮寄申请。

Applicant or Team Leader 申请人或团队负责人 (独秀或组秀) : (If Duo or Group) Group# 参演人数 : _____

First Name 名 _____ Last Name 姓 _____ Age 年龄 _____

E-mail 电子邮箱 _____ Tel 电话: _____

Address 地址 _____ City 城市 _____

State 州/省 _____ Zip Code 邮政编码 _____ Country 国别 _____

Fashion Show Name 節目名称 (中文或外文) _____

Fashion Show Length 節目时长 _____ (Min 分钟)- Request within 4 minutes. A Group of 11 up people can be 5 minutes.

Video Link 節目视频链接 (e-mail 節目表演视频链接 in YouTube/Youku/Vimeo) _____

Music (伴奏乐曲) in MP3 File _____

Application /Production Fee (節目製作) 报名费 (Deadline 截止时间 : 5/20)

* Solo Dancer 独秀 : 报名费 \$80

*Duet/Trio 双人-三人 秀/报名费 \$150

* Group over 4 (4 人以上组秀) : 报名费 每人 Each performer \$40

* By signing below, the applicant confirmed that he/she holds all necessary rights for the submission of the Entry and for the granting of all rights to SFNCFF herein and that he/she has read, understands and agrees to pay application fees and granting SFNCFF to exhibit on line or on theater publicly or edit the submitted portfolio, photo or video for promotional usage for SFNCFF. During the competition, if any injury happens, participants take their own responsibility.

请在下栏签名。申请人必须拥有所投作品之所有必要权利以提交参赛项目。申请人读懂此条款，理解并同意支付报名费并授予 SFINCFE 所有权以将作品录音录像在电影节网站或影院展示或另行剪辑提交电影节宣传推广使用。

比赛期间，如发生任何意外人身伤害，参赛者自行负责。

* 参赛者签名: 印刷体 X _____ 签名 X _____ 日期 X _____ (月/日/年)

Applicant(Print) X _____ Signature X _____ Date X _____ (M/D/Y)

*Payment: 1. Zelle to: sfnewfilm@gmail.com.

2. Check payable to "SFINCFE" with the App Form mail to:

支票与申请表寄至: SFINCFE

4479 Mission St, San Francisco, CA 94112. E-mail: sfnewfilmentry@gmail.com