

San Francisco International New Concept Film Festival Entry Form

Please type or print clearly. Fill out all sections completely. Download on-line at www.sfnewfilms.com .

E-mail: sfnewfilmentry@gmail.com

Film title in English _____

Original Foreign Title (If Different) _____

Country of Origin _____ Running Time (TRT) _____ ((Min)

Year Complete _____ (MM/DD/YEAR) Primary Language of Dialogue or Narration _____

If not English, check one: Subtitled in English _____ No dialogue or Narration _____

Brief Synopsis _____

Film Link (Must be YouTube, Youku or Vimeo) _____

Genre: _____ Feature _____ Documentary _____ Short Narrative _____ Short Documentary _____ ANM

_____ MTV/Music _____ Commercial _____ Script Writing _____ Video Blog

Contact Information:

Director (Or Screenwriter): First Name _____ Last Name _____

E-mail _____ WeiChat ID _____ Phone _____

Address _____ City _____ State _____

Zip Code _____ Country _____

Producer: First Name _____ Last Name _____

E-mail _____ WeiChat ID _____ Phone _____

Address _____ City _____ State _____

Zip Code _____ Country _____

Entry Fee (Deadline: 7/31/2026. Special Extension: 8/31/2026):

Feature & Documentary (60 min–120 min) :

_**\$50**(By 12/31/25) **\$70**(By 3/31/26) **\$80**(By 5/31/26) **\$90**(By 6/30/26) **\$100** (By 7/31/26)
_**\$120** (Late Reg by 8/31/26)

• Short Film (Under 59 min):

_**\$40**(By 12/31/25) **\$50**(By 3/31/26) **\$60**(By 5/31/26) **\$70**(By 6/30/26) **\$80** (By 7/31/26)
_**\$100** (Late Reg by 8/31/26)

*By signing below, the person submitting the enclosed Entry to SFINCFE indicated that he/she holds all necessary rights for the submission of the Entry and for the granting of all rights granted to SFINCFE herein and that he/she has read, understands and agrees to pay entry fees and granting SFINCFE to exhibit at cinema or edit the submitted film trailer, posters & photos for promotional usage for SFINCFE.

____ Please post my film trailer on website for voting.

____ Please do not post my film trailer on website.

Entrant: Print Name X _____ Signature X _____ Date(MM/DD/YEAR)

Entry Fee Payment:

1. Pay by Zelle to: sfnewfilm@gmail.com

2. Pay by Check:

Note: Check payable to “SFINCFF” with the Entry/App Form mail to:

SFINCFF , 4479 Mission St., San Francisco, CA 94112.

3. Transfer to SFINCFF Bank Account:

Chase Bank, JPMorgan Chase Bank, N.A. Swift Code: Chasus33

www.Chase.com

- **San Francisco International New Concept Film Festival**
- **Account: 322271627: 555313779**
- **Bank address:**

Chase Bank,
101 Montgomery St
San Francisco, CA94104
Tel: [415-951-1997](tel:415-951-1997)
