



**The African American Channel Submission Information**

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***Please Note: This form must be filled out completely and accurately for evaluation of your submission. Your project will not be reviewed if this form is incomplete or found to contain false or incorrect information.***

**PROJECT INFO**

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**Project Name:** \_\_\_\_\_

**Type of Content & Genre (i.e. Video clips, Short, Feature, Documentary; Drama, Comedy, Sports, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**Run Time:** \_\_\_\_\_

**Year of Completion:** \_\_\_\_\_

**Shooting Format (ex: 16 MM, 35 MM, High Definition, etc.):** \_\_\_\_\_

**FILMMAKER/or PROJECT REPRESENTATIVE CONTACT INFO**

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**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Additional Materials that MUST be included with your submission:**

- Completed Waiver
- Brief Synopsis of Project
- Film/Project Screener (DVD/VHS)
- Filmmakers/Producers Bio