

AUSTIN FILM FESTIVAL 2024 SCREENPLAY & TELEPLAY COMPETITION ENTRY FORM

Please make sure you have read the Rules & Regulations before entering.
Submit the Screenplay & Teleplay Competition Entry Form with screenplay/teleplay entry. Early Deadline: March 22, 2024 (\$50 for Teleplays, Short Screenplays; \$60 for Feature Screenplays) Regular Deadline: April 19, 2024 (\$60 for Teleplays, Short Screenplays; \$70 for Feature Screenplays) Late Deadline: May 24, 2024 (\$75 for Teleplays, Short Screenplays; \$90 for Feature Screenplays)

WRITER/CO-WRITERS _____

ADDRESS _____

CITY _____ STATE _____

POSTAL CODE _____ COUNTRY _____

PHONE _____

EMAIL ADDRESS _____

SCRIPT TITLE _____

HOW DID YOU HEAR ABOUT THE AUSTIN FILM FESTIVAL?

FEATURE SCREENPLAY COMPETITION (\$60 early/ \$70 regular / \$90 late) Must check only one of the two following boxes:
☐ Drama Feature ☐ Comedy Feature

For an additional \$30 each, would you like the above script to be considered for the:

☐ Horror Award (open to any feature horror script including dark suspense, thriller, sci-fi and macabre themes)

☐ Sci-Fi Award (open to science fiction, fantasy, horror, surrealism, myth/legend and fantastical storytelling)

☐ **SHORT SCREENPLAY COMPETITION** (\$50 early / \$60 regular / \$75 late) Open to any narrative short script in all genres at 40 pages or less.

TELEPLAY COMPETITION (\$50 early / \$60 regular / \$75 late)
Open to spec scripts for any currently airing television program AND original pilot scripts

☐ Comedy Pilot ☐ Drama Pilot
☐ Comedy Spec ☐ Drama Spec

☐ **STAGE PLAY COMPETITION** (\$25 early / \$25 regular / \$35 late) Open to full-length stage plays up to 90 pages.

READER COMMENTS OPT-IN Receive brief comments from one reader of your script.
☐ Yes ☐ No



MUST SELECT ONE FORM OF PAYMENT:
☐ Check/Money Order (US money orders only) ☐ Visa/MC ☐ American Express ☐ Discover

Credit Card Number: _____ Exp Date: _____ Billing Zip: _____

Name as it appears on card: _____

Cardholder's signature: _____

Bounced Check Policy:
If we receive a returned check from our bank for a payment you made, you will be invoiced for the original amount of the check plus a \$50 bank fee. The payment of the invoiced amount will be due within 30 days of invoice date. We will not re-submit the original check, nor will we accept another check for the re-payment.

Competition Certification

- I/We have read all of the rules & regulations, understand, and have complied with these rules.
- I/We warrant the submission of my/our original work and that there are no disputes regarding the ownership of the submission.
- I/We also warrant the submitted material does not defame or invade the rights of any person living or dead. I/We indemnify the AFF against any claim made for such violations of law.
- To the best of my/our knowledge, all the statements herein are true and correct.
- I/We understand that failure to adhere to the competition rules and regulations will result in disqualification and forfeiture of entry fee.
- I/We acknowledge that once an entry payment has been processed, AFF will not provide a refund
- If a badge was purchased along with the entry fee, I/We acknowledge that I/we have reviewed the Refund Policy.
- I/We agree to hold the AFF harmless from and defend them against all claims, demands, losses, damages, judgments, liabilities, and expenses (including attorney's fees) arising out of or in connection with any and all claims of third parties, whether or not groundless, based on any screenplay/film/play submitted to the AFF or on any screenplay/film/play developed out of such submission.
- No revisions will be accepted once entry has been received.
- I/We understand the Reader Notes that may be provided for my/our script are complimentary, do not require an additional fee, and are not a required part of my/our entry fee in the competition.
- By entering the competition, I/we understand my/our e-mail address will be added to AFF's e-mail list.

Signature(s): _____ Date: _____

No revisions will be accepted once entry has been received.
Return your signed, completed entry form, along with your entry fee and other required materials to: Austin Film Festival 1801 Salina Street, Austin, TX 78702.
Please include a self-addressed, stamped postcard for each submission if you wish acknowledgement of the receipt of your entry.

The following survey questions are used by AFF for grant purposes as at 501(c)3 organization and will not be used in the evaluation process for your entry.

AGE	ETHNICITY	ANNUAL INCOME	ARE YOU A PERSON LIVING WITH A DISABILITY?
a. 17 or under	a. American Indian or Alaska Native	a. Less than 20K	a. Yes
b. 18-24	b. Asian	b. 20-29K	b. No
c. 25-34	c. Hawaiian Native or other Pacific Islander	c. 30-39K	
d. 35-49	d. Black or African American	d. 40-59K	
e. 50-64	e. Latino or Hispanic	e. 60-79K	
f. 65 or over	f. White	f. 80-99K	
	g. Multi-Racial	g. 100K or greater	
GENDER	h. Other: _____	LEVEL OF EDUCATION	
a. Male		a. Unfinished high school	
b. Female		b. High school, GED	
c. Non-Binary		c. Post-secondary or trade school	
		d. Bachelor's Degree	
		e. Advanced Degree	
		f. PhD	