Application Form: The Mosquers

All application forms must be received by **September 6, 2011**.

Please mail your application form and video file to:

Mosquers Video Contest
Centre for Race and Culture
#4, 10865-96 Street
Edmonton, AB T5H 2K2

Film and Applicant Information

Applicant Information

Full Name: _____ Age: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City: *Province:* *Postal Code:*

Phone: ( ) E-mail Address:

Film Details

Title: Genre:

Please Provide a brief synopsis of the Film:

Other Team Members Information (if applicable)

Please list any other team members who were a part of the film, If under 18 please have parental signature included

Full Name: Email:
Age: Phone: ( )
Address:

Full Name: Email:
Age: Phone: ( )
Address:

Full Name: Email:
Age: Phone: ( )
Address:

Disclaimer and Signature

I certify that my information above is true and complete to the best of my knowledge. I have read the terms and conditions of the Mosquers and agree to all terms and conditions outlined.

Signature: _____ Date: _____