



SUBMISSION FORM

Date of Submission: _____ Date of Principal Photography: _____

Title of film: _____

Company: _____ Running Time: _____

Director: _____ Producer _____

Cast members (add their most important CREDITS next to their names):

Genre: _____ Budget: _____

One line summary: _____

Full summary: _____

Filmed on (check one): 35mm 16mm Super 16 Video other _____

Rights available (check one): Domestic International Worldwide other _____

Contact person: _____ The Movie's website : _____

Phone & Fax : _____

E-mail : _____

Address: _____

Please attach a synopsis as well!

Lee Production
Acquisitions Department
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