



2016 VH1/ABFF UNSCRIPTED  
 STORYTELLING WORKSHOP CONTEST  
**SUBMISSION FORM**



**ENTRANT INFORMATION**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nonfiction Treatment Title: \_\_\_\_\_

Logline (25 words max): \_\_\_\_\_

\_\_\_\_\_

Video URL (if applicable): \_\_\_\_\_

**ABFF/VH1 RELEASE**

I certify that the information provided herein is complete and accurate to the best of my knowledge. Falsification of any information will cause disqualification from the Contest. I certify that I am not an employee of, nor am I an immediate family member of anyone employed by American Black Film Festival ("ABFF"), VMN or any of the judges or sponsors identified in the Official Rules. If selected by VMN, I authorize release of my name and/or likeness to ABFF and VMN and/or any of the Contest sponsors to be used for publicity purposes.

I have read and agree to the 2016 Submission Guidelines document, as well as the above ABFF/VH1 Release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit your completed form to [programming@abffventures.com](mailto:programming@abffventures.com)