CUT SHORT FILM COMPETITION 2026

Entry Form

Please note: this form *is not required* if you are submitting your film online using FilmFreeway.

Contact Details

Please provide contact details for the person primarily responsible for this film entry.

Full Name				
Address				
Contact Number				
Email				
Parent / Guardian details* (if under 18 years of age)	Full Name		Contact Number	
* As the parent/guardian, I agree to be bound by the Cut Short Film Competition 2026 Terms and Conditions (if you are under 18, your parent/guardian must sign this section: Name _____ Signature _____ Date_____				

Film Details

Please provide information about the film being entered into the Cut Short Film Competition 2026.

Film Title			
Filmmaker			
Run Time		Genre	
Date Completed			

Synopsis		
Chosen Category	Junior	Adult

Entrant's Declaration

☐ I acknowledge that I have read and understand the Terms and Conditions for the Cut Short Film Competition 2026. I will submit this entry form, along with a USB or external hard drive containing the video file for the submitted film.

☐ I have obtained all permissions for any copyrighted material user in the submitted film.

Name _____ Signature _____ Date_____

If you have questions or concerns, please email library@ssc.nsw.gov.au