

**MULTIMEDIA FILM FESTIVAL OF YORK REGION**  
*RICH TAPESTRY; MOSAIC FRAGMENTS*  
**MAY/2012**

***Peoples' Choice Award—The Essence of York Region!***

**SUBMISSION FORM**

Title of Photograph: \_\_\_\_\_

Locale & date of Photograph: \_\_\_\_\_

**CONTACT INFORMATION**

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

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City: \_\_\_\_\_

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Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

*Note:* Submissions will not be returned.

**CONSENT AND AUTHORIZATION**

I declare that I am authorized by the rights holder to enter this photograph in the Multimedia Film Festival of York Region (MMFFYR). I grant to the MMFFYR the right to present this photograph. I also grant permission for the MMFFYR to use the photograph for promotional purposes. Furthermore, I assume full responsibility for copyright clearance and all underlying rights for the Photograph. I agree to hold harmless and fully indemnify the MMFFYR in the event that these rights have not been properly obtained and transferred.

I realize that all submissions will be added to the Multimedia Film Festival of York Region's archives and will be available for viewing on the Multimedia Film Festival of York Region's official website (non-downloadable version) and retrospectives. **Submissions made to the festival remain the sole property of those making the submission to do with as they will.**

By signing below I confirm that the above information is correct and that I have read and agreed to abide by the rules regarding entry to the MMFFYR.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

Submit an electronic copy of your photograph (a limit of two submissions per person) along with a completed application form to [yorkregionfilmfestival@rogers.com](mailto:yorkregionfilmfestival@rogers.com). An 8x10 hardcopy of your photograph is also required via mail to: Multimedia Film Development Council of York Region c/o; Family Services York Region; 1091 Gorham Street, Ste. 202; Newmarket, Ontario, L3Y 8X7

**THANK YOU. WE LOOK FORWARD TO VIEWING YOUR SUBMISSION.**