|  |  |
| --- | --- |
| https://www.cnvos.si/media/news_images/logoLGBT-FF.jpg | Društvo ŠKUC36. festival LGBT filma (The 36th LGBT Ljubljana Film Festival)Stari trg 211000 LJUBLJANASLOVENIJA**Submission deadline: 1 September 2020**<http://lgbtfilmfest.si/>siqrd@mail.ljudmila.org |

**FILM SUBMISSION FOR THE 36th LGBT FILM FESTIVAL**

**12–19 December 2020**

**FILM INFORMATION**

|  |  |
| --- | --- |
| **Original title** |  |
| **English title** |  |
| **Short synopsis** **(in English)** |  |
| **Directed by** |  |
| **Screenplay by** |  |
| **Genre (tick all the appropriate options)** | [ ]  Fiction [ ]  Documentary [ ]  Experimental [ ]  Animated [ ]  Other |
| [ ]  Lesbian [ ]  Gay [ ]  Bisexual [ ]  Transgender [ ]  Queer [ ]  Other |
| Name other genre(s):  |
| **Language(s)** |  |
| **Subtitles** |  |
| **Running time (minutes)** |  |

**PRODUCTION AND DISTRIBUTION INFORMATION**

|  |  |
| --- | --- |
| **Produced by** |  |
| **Production country(ies)** |  |
| **Production year** |  |
| **Distributed by** |  |

**If the film enters the selection, it would be (choose ONLY ONE option):**

[ ]  The Slovenian premiere (the film has been publicly screened, but not yet in Slovenia)

[ ]  The European premiere (the film has been publicly screened, but not yet in Europe)

[ ]  The world premiere (the film has not been screened yet)

[ ]  None of the above (the film has already been screened in Slovenia)

**If the film has received any (inter)national awards, please state which and when:**

|  |
| --- |
|  |

**SCREENER FOR THE PROGRAMMING TEAM**

|  |  |
| --- | --- |
| **Link to the screener** |  |
| **Password** |  |

**PERMISSION FOR ONLINE SCREENING DURING THE FESTIVAL**

**If the film is selected, the entrant gives permission for the film to be streamed on the Festival’s YouTube channel (or a similar platform) for the duration of the festival.**

[ ]  Yes.

[ ]  No.

**CONTACT PERSON**

|  |  |
| --- | --- |
| **Name, surname** |  |
| **E-mail** |  |

**If you would like to add any other relevant information, please do so in the box below:**

|  |
| --- |
|  |

**Statement of the entrant**

**The entrant hereby certifies that the information in this application is a true report and that the entrant accepts the rules and regulations of the festival: selected films are not obliged to pay any fee for the screening at the festival. However, the festival will also not cover any screening fee. Selected films can be screened more than once.**

**Date and place:**

**Name and surname of the entrant:**

**Send by e-mail:** **siqrd@mail.ljudmila.org**