

5th Annual Central Wisconsin Film Festival
November 5-7, 2010

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Dated this _____ day of _____, 2010.

Student Name (under 18 yrs): _____ (Print)

Signature: _____

Parental/Guardian Name: _____ (Print)

Signature: _____

Phone: _____

Address & City: _____

Central Wisconsin Film Festival
1128 Main Street
Stevens Point, WI 54481
(715) 254-0460
www.cwfilmfest.org

MUST BE RECEIVED BY 4:30 p.m. September 1, 2010