



**Malta Youth Film Festival 2024
Seventh Edition
Official Entry Form**

Applicant Contact Information

Contact Name:			
Date of birth:		ID Card:	
		Residence Permit No.:	
Phone:		Email:	
Mailing Address:			
Production Company Name/Individual:			
Website/Facebook/Instagram page:			
Individual submission:		Group submission:	
In case of group submission, all other group members' names to be entered below			
Name	ID Card Number/ Residence Permit Number	Phone	Email
Signed consent Forms to be attached. Applicants who are 16-17 years on the date of application need their parents/legal guardians' signatures. A film synopsis is required.			

Film Information

Title:			Duration:
Dialogue Language:	Maltese	English	Other Languages (English/Maltese subtitles are compulsory)
Genre			
Documentary	Animation	Drama	Music
Other	Please Specify:		

Short Synopsis			
Please indicate whether you would like to participate in the Public Choice Award			
		Yes	No
Projection Format			
.mp4	.mov	.mkv	Other
Submission			
I have read, understood and agree to all the festival guidelines and am duly authorised to submit this film.			
Signed:		Date:	

Checklist	Submission Method	
Signed Entry Form	Email	By hand Aġenzija Żgħażaġh
Copy of ID Card / Residence Permit	Email	By hand Aġenzija Żgħażaġh
Consent Form/s signed by Parents / Guardians	Email	By hand Aġenzija Żgħażaġh
Consent Form/s 18+	Email	By hand Aġenzija Żgħażaġh
Film Submission	Downloadable File WeTransfer Link	
Stills	Email	



GOVERNMENT OF MALTA
PARLIAMENTARY SECRETARIAT
FOR YOUTH, RESEARCH
AND INNOVATION

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