INDIE ANIME FESTA 2019 APPLICATION FORM

Fill in the blanks using a black ballpoint pen or a felt tip pen. Left-outs and illegible writing may result in disqualification.

| NAME OF APPLICANT | (Age) | NAME OF CREATOR Name of the representative, director, or production team. A pen name is accepted. | |
|---|--------------------------------------|---|--|
| ADDRESS Including zip code or post code. | | | |
| WORK | | AWARD WINNINGS | |
| PHONE NUMBER | | | |
| E-MAIL ADDRESS | | | |
| WEB PAGE URL | | | |
| TITLE OF ANIMATION | | | |
| LENGTH OF ANIMATION Minutes and seconds | | | |
| FORMAT | DVD (VIDEO) DVD (AVI DATA) Other () | | |
| LIST OF MUSIC USED IN ANIMATION THAT THE APPLICANT DOES NOT HOLD THE COPYRIGHT Please fill in corresponding to the following order: Name of Artist, Title of Album, Title of Music Used in Animation, Disc Number. ex: Annie Indie, The Bests of Annie Indie, Animetune, PCCA-**** | | | |
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| POSTSCRIPT | | | |
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