

Mirabile Dictu International Catholic Film Festival

APPLICATION FORM

First Name:

Last Name:

Company name:

Address 1:

Address 2:

City, State, Zip:

Country:

Email address:

Phone:

I declare to be the rights holder of the film below.

Title :

Production Company:

Director:

Scriptwriter:

Genre:

Original Language:

Dubbing/Subtitles:

Main Cast:

Film synopsis:

Signature of the film rights holder:

Place and date:

[ApplicationForm](#)[Download](#)

Confidentialité - Conditions

protection par reCATCHA

Les Conditions d'utilisation de reCAPTCHA vont changer. [Prendre des mesures](#)

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