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Approved _____

Denied _____



Screenplay Contact Information Form

All screenplays must be accompanied with A story synopsis. Please do not send any original /only copy, as no works will be returned. If the creative work is approved for production Cinema LallouZ will contact the copyright Author listed on the Contact Information Form.

Section 1

First Name

Last Name

Middle Initial

Address

City

State

Zip Code

Phone

Mobile

Fax

Email

Are you the Copyright Author? Yes _____ No _____

Date submitted for Copyright _____

Section 2

If you are the sole copyright Author Skip to Section 3 of this form

Copyright Author Name

Copyright Author Name

Copyright Author Name

Copyright Author Name

Date submitted for Copyright _____

Section 3

Make a \$150 USD check or money order payable to: CINEMA LALLOUZ

Mail to:

Cinema LallouZ
Script Review Dept.
P.O. Box 460940
Ft. Lauderdale, FL 33346

Section 4

Print Name

Signature

Date

Cinema LallouZ provides equal opportunity to all applicants without regard to race, color, religion, age, ancestry, gender, sexual orientation, natural origin, physical or mental disability, veteran status, marital status or any characteristic protected by applicable law. All payments made to Cinema LallouZ are non-refundable. There will be a \$35.00 fee for returned checks. Cinema LallouZ does not guarantee the use of any works submitted. All applicants will be informed as to the status of their submission.