



**Hudson Horror Show, Inc. Official Submission Form**

Movie Title: \_\_\_\_\_

Director: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Running Time (including all credits): \_\_\_\_\_ Date completed: \_\_\_\_\_

Company Name: \_\_\_\_\_ Website \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check one: Trailer  Short Film

All DVD/Mini-DV tapes must arrive no later than April 19, 2010.

All submitted DVD/Mini-DV tapes become the property of Hudson Horror Show, they will not be returned unless submitted with a self addressed stamped envelope.

I, the undersigned, affirm and declare that I have full legal right and authorization to submit the referenced film for consideration by Hudson Horror Show, Inc.

I affirm that I have read and understand the festival rules and that any and all necessary permission and authorization for any images, audio or video in my submission have been previously obtained.

I understand that my submission is in no way a guarantee of acceptance into the festival, nor has anyone associated with Hudson Horror Show, Inc. certified my acceptance prior to this submission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Submissions to: Hudson Horror Show  
c/o Chris Alo  
PO Box 134  
Amawalk, NY 10501**