

Cherub Productions
P.O. Box 540, Boulder, Colorado 80306
cherubfilm@aol.com

**Horror Screenplay Contest
Official Entry Form**

Name _____

Street _____

City/State/Zip _____

Phone _____ Alt. Phone _____

E-mail _____

Screenplay Title _____

Mail all materials to:

Cherub Productions
Horror Screenplay Contest
P.O. Box 540
Boulder, CO 80306
(303) 629-3072
E-mail: cherubfilm@aol.com

I/We have read all of the Horror Screenplay Contest rules and submission instructions and I/we understand and have complied with all rules and submission instructions.

As the author(s) of the screenplay I/we have submitted to the Horror Screenplay Contest, I/we warrant as the sole and exclusive owner(s) of all legal rights and titles and have absolute authority to submit the screenplay to the Horror Screenplay Contest.

I/We agree to hold the Horror Screenplay Contest, its judges, sponsors, partners, from and against all claims, demands, losses, damages, liabilities, costs, and expenses (including legal expenses) arising out of or in connection with any and all claims, or third party claims based on scripts submitted to the Horror Screenplay Contest.

Signature _____ Date _____

Signature _____ Date _____