



## ENTRY FORM 2019

(PLEASE USE CAPITAL LETTERS)

Title of Film: \_\_\_\_\_

Length of Film: \_\_\_\_\_ Genre: \_\_\_\_\_

Edited on: \_\_\_\_\_ (editing software) Windows or Apple Mac (circle one)

Name of Film-maker or Film-making Team: \_\_\_\_\_

Name of Writer(s): \_\_\_\_\_

Name of Director(s): \_\_\_\_\_

Name of Producer(s): \_\_\_\_\_

*If all members of the film-making team are the Writers, Directors and/or Producers of the film write "WHOLE TEAM" on any line where it is relevant.*

### DETAILS OF FILM-MAKER OR REPRESENTATIVE OF FILM-MAKING TEAM

*This section needs to be completed by or on behalf of the film-maker or a member of the film-making team who will be a contact person for this entry to the Someday Challenge. That person needs to sign on page 3 and there needs to be an Individual Release Form for them.*

*There is also a section on page 3 for an adult contact person (eg a teacher or a youth worker) to provide their details*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ T-shirt size: S M L XL XXL (circle one) Male / Female / Gender Diverse (circle one)

Address: \_\_\_\_\_  
(including postcode)

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Region: \_\_\_\_\_ City: \_\_\_\_\_ Town/Suburb: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Which ethnic group/s do you belong to? (circle at least one):

NZ European/Pakeha Maori Samoan Cook Islands Maori Tongan Niuean Chinese Indian European

Other (please specify): \_\_\_\_\_

Iwi (if applicable): \_\_\_\_\_

If you are a student, where are you studying? \_\_\_\_\_

Primary Intermediate Secondary Tertiary (circle one)

Have you or any of your team or your teacher / youth worker attended a The Outlook for Someday workshop?

What year? Who attended? \_\_\_\_\_

How did you find out about The Outlook for Someday? \_\_\_\_\_

**PROPOSED HASHTAG FOR SOCIAL MEDIA: #** \_\_\_\_\_

**IF THERE IS MUSIC IN THE FILM AND I HAVE NOT PROVIDED LICENCES FOR IT, HERE IS INFORMATION ABOUT THE MUSIC, WHERE IT IS FROM OR HOW IT WAS CREATED:**

\_\_\_\_\_  
\_\_\_\_\_



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**IF REPRESENTATIVE OF A FILM-MAKING TEAM, I CONFIRM THAT I HAVE THE AGREEMENT OF THE OTHER TEAM MEMBERS FOR ME TO COMPLETE AND SIGN THIS FORM.** *An Individual Release Form is also needed for each team member.*

### Details of other team members (if applicable)

**Print additional copies of this page if necessary**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **T-shirt size:** S M L XL XXL

Male / Female / Gender Diverse (circle one)

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Region:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Town/Suburb:** \_\_\_\_\_

Which ethnic group/s do you belong to? (circle at least one):

NZ European/Pakeha Maori Samoan Cook Islands Maori Tongan Niuean Chinese Indian European Other (please specify)

**Iwi (if applicable):** \_\_\_\_\_

If you are a student, where are you studying? \_\_\_\_\_

Primary Intermediate Secondary Tertiary (circle one)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **T-shirt size:** S M L XL XXL

Male / Female / Gender Diverse (circle one)

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Region:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Town/Suburb:** \_\_\_\_\_

Which ethnic group/s do you belong to? (circle at least one):

NZ European/Pakeha Maori Samoan Cook Islands Maori Tongan Niuean Chinese Indian European Other (please specify)

**Iwi (if applicable):** \_\_\_\_\_

If you are a student, where are you studying? \_\_\_\_\_

Primary Intermediate Secondary Tertiary (circle one)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **T-shirt size:** S M L XL XXL

Male / Female / Gender Diverse (circle one)

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Region:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Town/Suburb:** \_\_\_\_\_

Which ethnic group/s do you belong to? (circle at least one):

NZ European/Pakeha Maori Samoan Cook Islands Maori Tongan Niuean Chinese Indian European Other (please specify)

**Iwi (if applicable):** \_\_\_\_\_

If you are a student, where are you studying? \_\_\_\_\_

Primary Intermediate Secondary Tertiary (circle one)



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### IN ENTERING A FILM ('THE FILM') FOR THE SOMEDAY CHALLENGE, THE SUSTAINABILITY FILM CHALLENGE FOR YOUNG PEOPLE ('THE CHALLENGE') I, THE UNDERSIGNED:

- Confirm that I and (if applicable) all members of my film-making team was / were born in 1995 or later;
- Confirm that I and (if applicable) all members of my film-making team am / are Citizen(s) or Resident(s) of New Zealand or studying or working lawfully in New Zealand;
- Confirm that I / we are entitled to use all material in the Film for the Film to be shown throughout the world in perpetuity in / on any present or future media, as well as in advertising and publicity of both the Challenge and the Film or any part of them or any derivative of them;
- Understand that the Film is my / our intellectual property;
- Understand that Connected Media Charitable Trust ('Connected Media') which is running the Challenge, will seek to achieve a widespread audience for some of the films entered in the Challenge;
- Agree that, if the Film is selected as a shortlisted or winning film in the Challenge, Connected Media, its licensees and assignees will have the irrevocable and unlimited non-exclusive right (and are licensed) to use the Film or any part of it as it may be edited by or on behalf of Connected Media at its discretion, for showing throughout the world in perpetuity in / on any present or future media;
- Understand that the Challenge is supported by several partner and funding organisations and agree that Connected Media may share with those organisations my demographic details for statistical purposes and contact details in order that they can contact me regarding relevant initiatives and opportunities;
- Accept that the Film will only be eligible as an entry to the Challenge after I have completed a brief online questionnaire, for which I will be emailed a link once my film has been received by Connected Media.

### SIGNED BY FILM-MAKER OR REPRESENTATIVE OF FILM-MAKING TEAM:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT / LEGAL GUARDIAN / CAREGIVER (CIRCLE AS APPROPRIATE)

### ALSO TO SIGN IF FILM-MAKER OR REPRESENTATIVE OF FILM-MAKING TEAM IS UNDER 18 YEARS OF AGE:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### DETAILS OF OTHER ADULT CONTACT PERSON (IF APPLICABLE) EG TEACHER OR YOUTH WORKER

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### BEFORE YOU SEND YOUR ENTRY:

- Please read the 'Entry Requirements & Checklist' page in the Toolkit on The Outlook for Someday website
- Make sure you can answer 'yes' to all of the questions in the Checklist at the bottom of the page

### SEND THIS FORM TOGETHER WITH:

- Your film
- All necessary release forms and licences

### INCLUDE INDIVIDUAL RELEASE FORMS FOR:

- Each person who is featured in the film, visually or by their voice
- Each member of the film-making team, including Writer(s), Director(s) and Producer(s)

### SEND BY POST OR COURIERPOST (VIA YOUR LOCAL POSTSHOP) TO:

The Outlook for Someday  
PO Box 15486  
New Lynn  
Auckland 0640

### SEND BY OTHER COURIER TO:

Connected Media  
13A Totara Avenue  
New Lynn  
Auckland 0600

TO ARRIVE NO LATER THAN 30 AUGUST 2019