



Category (check all appropriate boxes below)

- Narrative Documentary Other

Date _____

Title _____

Running Time _____ **Completion Date** _____

Synopsis _____

Name of filmmaker _____

Address _____ **Phone** _____

City _____ **State** _____ **Zip** _____

e-mail address _____

- Faculty sponsor letter attached** (if applicable)
- Entry may be shown on TV and Internet in conjunction with the Competition**
- Entry may have public showings in conjunction with the Competition**
- Entry is available for acquisition by ADL**

Faculty Sponsor (if applicable) _____

College/University _____

Address _____ **Phone** _____

City _____ **State** _____ **Zip** _____

e-mail address _____

Mail DVD, mini DV, BETA or 1/2 inch VHS, a completed entry form and faculty-sponsor letter to:

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