

# HEROFEST ENTRY FORM

## 2024 Bay Area Action film festival

FILM TITLE \_\_\_\_\_

COMPLETION DATE \_\_\_\_\_

DURATION \_\_\_\_\_

SHORT SYNOPSIS \_\_\_\_\_

DIRECTOR \_\_\_\_\_

CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_

Please use PAYPAL for entry fee to [info@torridproductions.com](mailto:info@torridproductions.com)

DATE OF PAYMENT \_\_\_\_\_

PAYPAL SENDER \_\_\_\_\_

TRANSACTION NUMBER (If applicable)

\_\_\_\_\_

