

MICROBUDGET MOVIES – FILM RELEASE & METADATA FORM

For inclusion on the Microbudget Movies online platform.

FILMMAKER INFORMATION

Name _____ Phone (optional): _____
Email Address _____

FILM INFORMATION:

Title of Film: _____
Runtime: _____ minutes. Year of Completion: _____

RELEASE PERMISSION

I authorize Wisconsin Films to include my film on its official online channel under the following conditions:

- ☐ Immediately – My film may be added to the platform as soon as possible.
- ☐ In 6 Months – Please wait 6 months from the date of this form to post my film.
- ☐ In 1 Year – Please wait 1 year from the date of this form to post my film.
- ☐ Please Do Not Post This Film – at this time I would prefer this film not be included in this opportunity.

SEARCHABLE KEYWORDS

Please list keywords (genres, themes, locations, topics, etc.) that will help viewers discover your film: (i.e.: Horror, Comedy, Wisconsin River, mental health, female director, etc.).

APPROXIMATE BUDGET OF PRODUCTION: _____

ADDITIONAL NOTES OR CONTEXT (optional):

SIGNATURE

By signing below, I confirm that I am the creator or rights-holder of this film and have the authority to grant or withhold permission for its digital distribution on the Microbudget Movies platform.

Signature: _____ Date: _____