

Please fill out a form for for each video you submit, or provide information requested in a MS Word document taking care that all information if labeled properly.

Title:

Date the Video was finished in current form (mm/dd/yyyy): _____

RunningTime (hh:mm:ss): _____

Genre (check one):

Documentary News/Event Coverage Drama Comedy Other: _____

Producer's Name:

Author's Name (if any):

Location

Please provide in decimal format. This should be the location of the subject of the the video.

Latitude: _____ Longitude: _____

Name of place where the Video's subject is located.

The place name should be a municipality or neighborhood name or commonly used local place name

PA County where the Video was produced

Brief Synopsis or Description of the Video: