



Fairfax Collegiate Summer Program

722 Grant St., Suite J

Herndon, VA 20170

(703) 481-3080 • www.FairfaxCollegiate.com

Scriptwriting Competition Submission Form

SUBMISSION DATE: _____

I the undersigned, do hereby release unto Fairfax Collegiate Summer Program (FCSP) the script entitled:

TITLE: _____

I acknowledge that the script released hereby may be retained by FCSP's DV Filmmaking program, that FCSP may maintain this script for production and distribution to its instructors and staff in digital format and in hard copy form but the script will remain my intellectual property.

I understand that a FCSP judge or staff member will screen submitted scripts to control duplication of materials and to eliminate known proprietary material.

I, the undersigned, do hereby represent unto FCSP that this release is not contrary to any copyright registration or other registration relating to copyright protection with respect to this script, that this release is not in conflict with any other agreement executed. I the undersigned have executed this release as of the date first above written.

SUBMITTED BY: _____
(Signature)

PRINT NAME: _____

PARENT/GUARDIAN : _____
(Signature)

ADDRESS: (Street, number): _____
(City, State, ZIP): _____

TELEPHONE: _____

EMAIL: _____