



164 North State Street
Chicago, IL 60601
312.846.2600
siskelfilmcenter.org

The 24th Annual Black Harvest Film Festival

ENTRY DEADLINE: June 8, 2018 | FESTIVAL DATES: August 4 - 30, 2018

ABOUT THE FESTIVAL

The Black Harvest Film Festival is Chicago's annual showcase for films that tell stories, raise questions, or touch on issues that relate to the black African, African American, and African diasporic experience. The Gene Siskel Film Center invites feature length or short films for consideration in the festival. **If you have any additional questions, please contact Barbara Scharres at 312.846.2070 or bscharres@saic.edu**

ENTRY GUIDELINES

- The deadline for entry is June 8, 2018. There is no entry fee.
- Year of completion must be 2016 or later. **Films MUST be Chicago premieres.**
- Films that have had Chicago or suburban screenings prior to the festival are ineligible for the *Black Harvest Film Festival*.
- Entries will be accepted in the form of a DVD preview screener accompanied by a completed entry form and a press kit or credit list. *Screeners and materials will not be returned.*
- Foreign language films must be subtitled in English.
- Entries selected for the festival **MUST** be available for public exhibition in one of the following formats: DCP, HDCAM, DigiBeta, or Apple ProRes formatted digital file. **DVD and Blu-ray discs will not be accepted for theatrical projection.**
- All legal clearances including, but not limited to, talent, music, or stock footage are the responsibility of the filmmaker.
- The Gene Siskel Film Center reserves the right to utilize clips or stills from any film selected for the festival for publicity purposes.

SCREENER

A preview screener is required and must be received on or before June 8, 2018. Please select one of the following options.

- DVD** Send mailed submissions to **Gene Siskel Film Center • 164 North State Street • Chicago, IL 60601 • Attn: Black Harvest 2017**
- Online link** *If you are submitting a link, consider filling out our online submission form at* www.siskelfilmcenter.org/blackharvest
URL: _____ password: _____

ENTRY INFORMATION

Film Title: _____ Year of completion: _____

Director: _____ Running Time: _____

Country of Origin (if not USA): _____ Language (if not English): _____

Exhibition Format: DCP HDCAM DigiBeta Digital File (Apple ProRes)

Person submitting the entry: _____ Affiliation with film (if not director): _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____ Website: _____

This is a documentary film. This is a narrative film. Please provide the names of 2 principal cast members and their character's names below:

Where did you hear about the Black Harvest Film Festival? _____

I have read and accept the rules and regulations of the Black Harvest Film Festival

Signature: _____ Date: _____