

2010 Script Analysis Program Application Form

Script Title: _____

Name of Applicant/s: _____

Role in Project (writer, co-writer, producer, etc.) _____

Address _____

City, Province: _____ Telephone: _____

Email address: _____

Please include the following in your application package and **send to Film Training Manitoba, 100-62 Albert Street, Winnipeg, Manitoba R3B 1E9**. (Submissions by fax or email will not be accepted). It is compulsory for all applications to complete the form required by the Province of Manitoba, downloadable from the FTM website. [<http://filmtraining.mb.ca/news/ftm/2010/03/187/>]

Checklist (you must include all of the following):

- Completed application form**
- Completed forms required by the Province of Manitoba**
- Three copies of your logline and a synopsis of script (max. one page) with title only – no name or contact info**
- Three copies of your feature-length script (three-hole punched and fastened with appropriate-sized brads) with your name and all contact info removed from the title page and any identifying info removed from the script pages.**

OR

- Three copies of a treatment for a feature film approximately 20 - 30 pages in length plus two sample scenes, with your name and all contact info removed from the title page and any identifying info removed from subsequent pages.**
- Payment:** cheque for \$95.00 payable to **Film Training Manitoba** *or*

Visa/MasterCard number: _____ Expiry: _____

Name on card: _____

Note: Scripts and treatments will not be returned.

Note to Applicants: This page will be given to the judges. Do not identify yourself on this page.

Script Title: _____

Is this an original work or an adaptation of a work you have acquired the rights to: _____

What stage is the script at now? (treatment, first draft, second draft, etc): _____

Genre:

- | | | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|--|--------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Thriller | <input type="checkbox"/> Western | <input type="checkbox"/> Horror | <input type="checkbox"/> Rom- Com | <input type="checkbox"/> Dramatic | <input type="checkbox"/> Action | <input type="checkbox"/> Sci-Fi |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Comedy | <input type="checkbox"/> Adventure | <input type="checkbox"/> Family | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Crime | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Suspense | <input type="checkbox"/> War | <input type="checkbox"/> Coming of Age | <input type="checkbox"/> Other _____ | | |

What is your target market (demographic):

- | | | | | | |
|--|---|--------------------------------------|-------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Young (13-25) | <input type="checkbox"/> Middle (26-49) | <input type="checkbox"/> Older (50+) | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Both |
| <input type="checkbox"/> Family | <input type="checkbox"/> Children | <input type="checkbox"/> Other _____ | | | |

Please include a short description of what areas you would like to receive the most feedback on in your Reader Report.
