REGISTRATION FORM – SCIENCE FILM FESTIVAL

20 October – 18 December 2017

1. NAME OF THE SCHOOL
2. TEACHER´S NAME
CONTACT NUMBER & EMAIL ID
3. PROPOSED DATE OF FILM SCREENING
	1. Primary Group
	2. Secondary Group
4. List of films selected

a.
b.
c.
d.
e.
f.
g.
h.
i.
j.

UNDERTAKING:

We, ……………………………………………..participating School/Institution, hereby agree to protect the privacy policy and abide by the copyright laws. The films will not be copied / pirated at any cost. Commercialization of the screenings will not be done by us. The pen drive (with films) will be given back to Goethe-Institut after the screening.

AUTHORISED SIGNATORY
Date /Place
School Seal

To be submitted on or before **15.10.2017**