**8th -16th July, 2017**

**EAST AFRICAN MUSIC VIDEO WARD**

**Submission Information & Procedure:**

# About ZIFF:

The Zanzibar International Film Festival is one of the largest multi-disciplinary arts and cultural festival in Africa dedicated to films, music and different form of art. Each year ZIFF exhibits films from Africa, Middle East, Europe, Latin America, USA and Asia. **The 20th Edition of ZIFF will take place 8th -16th July, 2016** in Stone town, Zanzibar. The theme of the Festival is ***Finding Joy – Kusikia Furaha***

# EAST AFRICAN MUSIC VIDEO AWARD: Eligibility

1. The Zanzibar International Film Festival is currently accepting applications for the music video award from African filmmakers.
2. **The priority is given to video from East Africa and by East Africans artist from African Diaspora.**
3. Video in competition must be directed or produced from 1/1/2016.
4. **Deadline for submission is 31st May 2017**

# SELECTION

**The EAST AFRICAN VIDEO MUSIC AWARD** will consist of the following:

* Selection of 20 music videos
* Screening of the selected videos during ZIFF 20th.
* Award allocated to winning videos

# JURIES

* A panel of experts in cinema and music video production will judge and deliver the award on the closing night.
* ZIFF Selection laurels can be downloaded from our website after announcement of selected videos.

# Submission Procedures:

* A signed and fully completed application submitted by mail at videos@ziff.or.tz
* **Send your video link for preview by mail at** **videos@ziff.or.tz**
* The submission deadline is 31st  May 2017.
* Keep this page for your reference. Please do not return it with your application.

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# 20th Zanzibar International Film Festival*8th – 16TH JULY, 2017*

 **ZIFF - Ngome Kongwe**

**P.O. BOX 3032, ZANZIBAR, TANZANIA**

Tel: (+255) 773 411 499 - Email: ziff@ziff.or.tz

# EAST AFRICAN MUSIC AWARD Submission Application - Deadline: MAY 31st 2017

**Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Running Time:** \_\_\_\_\_\_\_\_\_\_\_ Country of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Production Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMITTED BY:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By submitting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , the undersigned warrants that (s) he has the right to submit and exhibit the above-indicated video to ZIFF and will indemnify and hold harmless the Zanzibar International Film Festival, its directors, management, staff, and sponsors, against any and all claims arising out of ZIFF’s exhibition and promotion of said video should such video be programmed as part of the 2017 Zanzibar International Film Festival. ZIFF may use clips of said video for promotional purposes.

Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Title

* A signed and fully completed application submitted by mail at videos@ziff.or.tz
* Send your film link for preview by mail at videos@ziff.or.tz