Registration form for the KOSO Film Festival

End of submission: 30.09.2025

Information about the film

Title of the Film:

Category (Drama, Thriller, Comedy etc.):

RunTime:

Productionsyear:

Personal information of the filmmaker

Full Name:

ggf. Institution:

Phonenumber:

E-Mail-Adress:

Adress:

Information about the children involved in the film

Name of Child	Birth date	Position (Camera, directing, role in acting etc)

Please don't forget to fill out the consent form.
You can also find this on koso-filmfestival.de

Once all is completed, please send both forms as PDF to info@koso-filmfestival.de.