



PHILIPPINE EMBASSIES ASSISTANCE PROGRAM (PEAP)
APPLICATION FORM

CONTACT INFORMATION

EMBASSY: _____
CONTACT PERSON: _____
ADDRESS: _____
TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____

FESTIVAL/EVENT DETAILS

FESTIVAL/EVENT NAME: _____
FESTIVAL/EVENT DATES: _____
FESTIVAL/EVENT VENUE: _____ SEATING CAPACITY: _____
THEME: _____
GOALS AND OBJECTIVES: _____

SCREENINGS:

FILM NAME	NUMBER OF SCREENINGS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(PLEASE USE ANOTHER SHEET FOR MORE TITLES)

NATURE OF SCREENING: ☐ PRIVATE ☐ PUBLIC
CHARGES AND FEE: ☐ PAID ☐ FREE
IF PAID, HOW MUCH? _____

PREFERRED FILM FORMAT: ☐ DVD ☐ DCP ☐ BLU-RAY

WILL THE EMBASSY BE WILLING TO PAY FOR SCREENING RIGHTS? ☐ YES ☐ NO
IF YES, HOW MUCH IS THE EMBASSY’S BUDGET FOR THE SCREENING RIGHTS? _____

WILL THE EMBASSY BE IMPORTING AND EXPORTING THROUGH THE DIPLOMATIC POUCH? ☐ YES ☐ NO
IF YES, PLEASE PROVIDE SCHEDULE: _____

I HEREBY CERTIFY THAT THE ABOVEMENTIONED INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE ABOVE THE AUTHORIZED PERSON’S
PRINTED NAME

DATE