

## GEMINI ENTRY CHECKLIST

Please use this checklist to ensure that your entry is complete and includes all required materials. For a complete explanation of any entry requirements see the 25<sup>th</sup> Annual Gemini Rules & Regulations Book. You can submit this form and supporting materials by email to [geminis@academy.ca](mailto:geminis@academy.ca). Please include all necessary PDF, Word doc, Jpegs and synopses for your entry and use the title of your production in the subject line. Please ensure that a signed copy of the signature page of your Entry form is either included with your DVDs and betas or is scanned and sent to [geminis@academy.ca](mailto:geminis@academy.ca).

<b>Entry Requirements</b>	<input checked="" type="checkbox"/>	<b>N/A</b>	<b>Notes</b>
Entry Form is complete and signed by authorized individual.	<input type="checkbox"/>	<input type="checkbox"/>	
Current Home addresses, phone numbers and phonetic spelling for all individuals entered.	<input type="checkbox"/>	<input type="checkbox"/>	
One DVD of the program for the program category entered. For Series entries, two episodes on DVD.	<input type="checkbox"/>	<input type="checkbox"/>	
One DVD of the program for EACH craft category entered.	<input type="checkbox"/>	<input type="checkbox"/>	
One Beta SP/digiBeta copy of the entered program is included. (1 of each episode entered for series entries)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Best Achievement in Title Design</b> entries are accompanied by a text description and a creative description.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Performers'</b> entries are cued and include a cue sheet.	<input type="checkbox"/>	<input type="checkbox"/>	
Clearly labeled headshots of each entered performer.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Music</b> entries are accompanied by a detailed music cue sheet.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Visual Effects</b> entries include a three-page description.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Production Design</b> entries include a one-page description.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Costume Design</b> entries include a one-page description.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Make-Up</b> entries include a one-page description.	<input type="checkbox"/>	<input type="checkbox"/>	
Letter of confirmation of original broadcast date from broadcaster.	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of CRTC or CAVCO certification.	<input type="checkbox"/>	<input type="checkbox"/>	
Synopsis for program (OR generic synopsis for series entries) not to exceed 60 words, emailed to <a href="mailto:geminis@academy.ca">geminis@academy.ca</a> .	<input type="checkbox"/>	<input type="checkbox"/>	
Series entries: synopsis for each episode entered, not to exceed 30 words, emailed to <a href="mailto:geminis@academy.ca">geminis@academy.ca</a> .	<input type="checkbox"/>	<input type="checkbox"/>	
On-screen credit list for each episode/program entered, signed on each page by authorized individual.	<input type="checkbox"/>	<input type="checkbox"/>	
Complete Press Kit. (see definitions in the Rules & Regulations)	<input type="checkbox"/>	<input type="checkbox"/>	
All relevant entry fees are enclosed.	<input type="checkbox"/>	<input type="checkbox"/>	
Fee for returning tapes included and two self-addressed return mailing labels. (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
ZIP.ca permission form for online streaming for the voting process. (reference page 24 of the Rules & Regulations)	<input type="checkbox"/>	<input type="checkbox"/>	

**INSTRUCTIONS:**

- Please photocopy this Entry Form for more pages. Signatures **MUST** be original and present on **ALL** copies.
- This entry form can be emailed electronically to [geminis@academy.ca](mailto:geminis@academy.ca) with all subsequent materials except DVDs/betas.
- Obtain signature of authorized individual (see definition) on page 4 of Entry Form.  
If sending this Entry form electronically, please ensure that a signed copy of the signature page of your Entry form is either included with your DVDs/betas or scanned and emailed to [geminis@academy.ca](mailto:geminis@academy.ca)
- **Contact information on page 4 MUST be filled out in order to communicate in regards to the entry.**
- Each Entry **MUST** be received by 5:00 pm EST on the day of its deadline or it will not be accepted.
- All attachments and Conditions of Entry **MUST** be met for this Entry to be considered valid. (see Conditions of Entry)
- **Please provide the phonetic spelling of each entrant name in the space provided.**

FOR OFFICE  
USE ONLY:  
TITLE ID #

**DEADLINES:** May 1/09 – Nov 30/09: March 30, 2010  
 May 1/09 – Nov 30/09: April 6, 2010  
 Dec 1/09 – Apr 30/10: April 13, 2010  
 Dec 1/09 – Apr 30/10: April 20, 2010  
 Apr 1/10 – Apr 30/10: May 4, 2010 - News submissions only  
 Broadcaster submissions only  
 Broadcaster submissions only

**Please return to: Academy of Canadian Cinema & Television, 49 Ontario St., Suite 501, Toronto, ON M5A 2V1**  
 Montreal: 514-849-7448 Vancouver: 604-684-4528 Toronto: 416-366-2227 Toll Free: 1-800-644-5194

**\*Note: This information will be used VERBATIM in the Program Book and On Air.**

**Please indicate:**  PROGRAM or  SERIES

**TITLE:** \_\_\_\_\_

EPISODE NAME (Series ONLY): 1 EPISODE #: \_\_\_\_\_

EPISODE NAME (Series ONLY): 2 EPISODE #: \_\_\_\_\_

Running Time of Program (in minutes): \_\_\_\_\_ No. Episodes in Series: \_\_\_\_\_

Broadcaster: \_\_\_\_\_ Broadcast Date 1: \_\_\_\_\_ Broadcast Time 1: \_\_\_\_\_

**\*\*For Series Only** Broadcast Date 2: \_\_\_\_\_ Broadcast Time 2: \_\_\_\_\_

Publicity Contact: \_\_\_\_\_

(The Academy may contact the above person for related press materials at a later date.)

Website: \_\_\_\_\_

**PROGRAM CATEGORIES (1001-1034)**

A producer shall be deemed eligible if he or she has an on screen credit as Producer, Supervising Producer, Executive Producer and Series Producer (Senior Producer, Senior Executive Producer and Commissioning Editor are allowed for information/documentary programming).

**Category #:** \_\_\_\_\_

**Award Recipient:** \_\_\_\_\_ **On-Screen Credit:** \_\_\_\_\_

**Phonetic Spelling:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **On-Screen Credit:** \_\_\_\_\_

**Phonetic Spelling:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **On-Screen Credit:** \_\_\_\_\_

**Phonetic Spelling:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**CRAFT CATEGORIES (2001-8005)**

**Please Note:** For Sound Categories 6001-6004, Sound Supervisor must be the first entrant listed. Use page 3 for additional entrants.

**Category #:** \_\_\_\_\_ **Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_

**Award Recipient:** \_\_\_\_\_ **On-Screen Credit:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_

**Phonetic Spelling:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

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**Category #:** \_\_\_\_\_ **Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_

**Award Recipient:** \_\_\_\_\_ **On-Screen Credit:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_

**Phonetic Spelling:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**CRAFT CATEGORIES (2001-8005) *con't***

**Category #:** \_\_\_\_\_ **Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_  
**Award Recipient:** \_\_\_\_\_ **On-Screen Credit:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Category #:** \_\_\_\_\_ **Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_  
**Award Recipient:** \_\_\_\_\_ **On-Screen Credit:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Category #:** \_\_\_\_\_ **Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_  
**Award Recipient:** \_\_\_\_\_ **On-Screen Credit:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**PROGRAMMING SEGMENTS (9001-9100)**

Please specify the length of segment and the length of program in the spaces provided. Use page 3 for additional entrants.

**Category #:** \_\_\_\_\_ **Series Episode:** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_  
**Length of segment:** \_\_\_\_\_ **Length of program:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Award Recipient:** \_\_\_\_\_ **Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Category #:** \_\_\_\_\_ **Series Episode:** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_  
**Length of segment:** \_\_\_\_\_ **Length of program:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Award Recipient:** \_\_\_\_\_ **Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**PERFORMANCE CATEGORIES (9501-9530)**

**Please Note:** Compilations may be submitted for 9509, 9510, 9517, 9519-9522, 9524-9527 and 9529 (see pg. 16 & 17)

**Category #:** \_\_\_\_\_ **Series Episode (name and #):** \_\_\_\_\_  
**Broadcast Date 1:** \_\_\_\_\_ **Broadcast Time 1:** \_\_\_\_\_ **Broadcast Date 2:** \_\_\_\_\_ **Broadcast Time 2:** \_\_\_\_\_  
**Award Recipient:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Category #:** \_\_\_\_\_ **Series Episode (name and #):** \_\_\_\_\_  
**Broadcast Date 1:** \_\_\_\_\_ **Broadcast Time 1:** \_\_\_\_\_ **Broadcast Date 2:** \_\_\_\_\_ **Broadcast Time 2:** \_\_\_\_\_  
**Award Recipient:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Category #:** \_\_\_\_\_ **Series Episode (name and #):** \_\_\_\_\_  
**Broadcast Date 1:** \_\_\_\_\_ **Broadcast Time 1:** \_\_\_\_\_ **Broadcast Date 2:** \_\_\_\_\_ **Broadcast Time 2:** \_\_\_\_\_  
**Award Recipient:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Category #:** \_\_\_\_\_ **Series Episode (name and #):** \_\_\_\_\_  
**Broadcast Date 1:** \_\_\_\_\_ **Broadcast Time 1:** \_\_\_\_\_ **Broadcast Date 2:** \_\_\_\_\_ **Broadcast Time 2:** \_\_\_\_\_  
**Award Recipient:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**ADDITIONAL ENTRANTS**

**Please note:** An Additional Entrant is another member of a team entry from Pages 1-3, while an Additional Category is a NEW craft or performance category.

**Category #:** \_\_\_\_\_  Additional Entrant  Additional Category  
**Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Category #:** \_\_\_\_\_  Additional Entrant  Additional Category  
**Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Category #:** \_\_\_\_\_  Additional Entrant  Additional Category  
**Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Category #:** \_\_\_\_\_  Additional Entrant  Additional Category  
**Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Category #:** \_\_\_\_\_  Additional Entrant  Additional Category  
**Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Category #:** \_\_\_\_\_  Additional Entrant  Additional Category  
**Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Category #:** \_\_\_\_\_  Additional Entrant  Additional Category  
**Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Category #:** \_\_\_\_\_  Additional Entrant  Additional Category  
**Series Episode (name and #):** \_\_\_\_\_ **Broadcast Date:** \_\_\_\_\_ **Broadcast Time:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Role/On-Screen Credit:** \_\_\_\_\_  
**Phonetic Spelling:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Home:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**GENERAL INFORMATION**

The following information is used for CONTACT purposes ONLY. The individuals listed below are NOT ENTRANTS.

**PRODUCER:** \_\_\_\_\_ **CURRENT COMPANY:** \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**EXECUTIVE PRODUCER:** \_\_\_\_\_ **CURRENT COMPANY:** \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**ORIGINAL PRODUCING COMPANY OF ENTERED PROGRAM (if different from above):**  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CONTACT PERSON FOR THIS ENTRY:** \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CO-PRODUCTIONS** Please list all co-production companies.  
**Names** \_\_\_\_\_

**DECLARATION**

**I hereby certify that:**

1. The undersigned has read the Rules and Regulations for the 25<sup>th</sup> Annual Gemini Awards.
2. The information provided within this application is complete and accurate.
3. The undersigned represents and warrants to the Academy that they have obtained all necessary rights and permissions required to transfer, and the undersigned hereby does transfer to the Academy, the right, in perpetuity, to incorporate clips of this Entry in a television program and to televise or otherwise exploit the program worldwide (with or without soundtrack, including musical score), to show any portion of this Entry to Academy members as considered necessary, to show any portion of this Entry during the Awards presentation, to transfer clips of this Entry (with or without soundtrack, including musical score and including video clips, audio clips and/or still images) to an interactive storage device (including CD-ROM) or to the Academy web site on the World Wide Web, to otherwise use clips of the Entry for promotional purposes for the enhancement of the image of Canadian television and to transfer those rights to a third party for the aforesaid purposes. All of the foregoing rights are transferred by the undersigned to the Academy for use in connection with the current Gemini Awards Show and future Gemini Awards Shows. The undersigned hereby agrees to indemnify the Academy from any loss or damage suffered by the Academy arising from the transfer of rights including any branch of the undersigned's representation and warranty relating to such transfer.
4. The undersigned owns the production or is authorized in writing by the owner to submit this Entry.
5. The undersigned HAS NOTIFIED ALL INDIVIDUALS HEREIN ENTERED as potential nominees that they have been entered and has provided all said individuals with copies of this entry form.
6. Broadcaster produced programs (i.e. produced 100% in-house) warrant that they meet the criteria of CRTC/CAVCO requirements by signing below.

**NAME OF AUTHORIZED INDIVIDUALS**

(see definitions):

**SIGNATURE:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_

**NAME OF PRODUCTION COMPANY:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**ENTRY FEES**

<b>Single Program Category and up to 2 Craft Categories</b>		
Member.....\$470.00	Non-Member.....\$620.00	\$ _____
<b>Series Program Category and up to 2 Craft Categories</b>		
Member.....\$620.00	Non-Member.....\$770.00	\$ _____
<b>New Media Category</b>		
Member.....\$350.00	Non-Member.....\$500.00	\$ _____
<b>Each Craft/Performance Category</b>		
Member.....\$155.00	Non-Member.....\$305.00	\$ _____

Tape Return Shipping and Handling Fee for BetaSP/DigiBeta  
 (\$11.00 first tape, \$6.00 each additional tape) \$ \_\_\_\_\_

**TOTAL ENTRY FEES ENCLOSED:** \$ \_\_\_\_\_

**Payment Method**     Visa                     MasterCard                     Cheque  
 Name on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Signature for Credit Card: \_\_\_\_\_

25th Annual Gemini Awards  
2010 RULES & REGULATIONS

**USE OF DVD/ON-LINE STREAMING PERMISSION FORM**

The Academy and Zip.ca launched a successful partnership in early 2008 to better serve our voting membership during the Awards voting period. We are pleased to announce Zip.ca will be hosting streamed video of all Gemini Program categories through a site exclusive to Gemini voters for the 25<sup>th</sup> Gemini Awards. This will happen in conjunction with the Video-On-Request service for performance and craft categories through our Academy National office.

If your program is nominated in the 25<sup>th</sup> Gemini Awards, the Academy will be offering our Voting Membership the opportunity to access your program via Zip.ca. Voters will request your program as a companion to the official Ballot they receive during the voting period, open immediately following the nominations announcement.

Only current Voting Members of the Academy will have access to on-line streaming and the DVDs you provide during the Gemini voting period. Once the voting period ends, the Zip.ca/Gemini site will be immediately deactivated.

***Please read the following over carefully and check the option you want below:***

- I DO wish to have my complete program available as streaming video on the Zip.ca/Gemini secure site for Academy voting members for the 25<sup>th</sup> Gemini Awards, to accompany the Video-On-Request service.
- I do NOT wish to have my program available as streaming video on the Zip.ca/Gemini secure site for Academy voting members for the 25<sup>th</sup> Gemini Awards. I opt for the standard Video-On-Request service only.

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(Name of your Program or Series)

---

(Please Print your Name)

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(Authorizing Signature)

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(Date)

***Please include this form with your entry, via one of the following:***

E-mail: geminis@academy.ca

Fax: 416-366-8454

Mail: 25<sup>th</sup> Annual Gemini Awards  
49 Ontario St., Suite 501  
Toronto ON M5A 2V1