

# Film information sheet

Name .....

Address .....

Group or organisation (if applicable) .....

Address .....

Tel. ....

**Film details (if known), how much, sizes, quality, content, other brief details**

*Please continue on a separate sheet if necessary*

Reel 1

Reel 2

Reel 3

**Please return by post to Shetland Moving Image Project, Shetland  
Amenity Trust, Garthspool, Lerwick, Shetland ZE1 OAP**

or email to [filmproject@shetlandamenity.org](mailto:filmproject@shetlandamenity.org)