



TREATMENT

Daniel Alexander Films Competition
Sponsored by



Working Title: Name of your project

Author Name: Your name

Author Email Address: Your email

Telephone Number: Your Number

City of Residence: Where do you live

Genre: Horror / Drama / Comedy / Thriller etc

Duration: How long is your project?

Story Outline: A detailed paragraph(s) that encapsulated the beginning - middle and end of your story.

Character Breakdown: Your main characters name, age, race, gender and profession.

Requirements & Resources: List the required locations, props and special effects.