



Coverage Form

TITLE:

SUBMITTED BY:

DATE:

GENRE:

FORM:

CIRCA:

ANALYST:

LOCATION:

ATTACHMENTS:

LOG LINE:

COMMENT:

RECOMMENDATION:

	<i>Excellent</i>		<i>Good</i>			<i>Fair</i>		<i>Poor</i>		
	10	9	8	7	6	5	4	3	2	1
CHARACTERS:	10	9	8	7	6	5	4	3	2	1
DIALOGUE:	10	9	8	7	6	5	4	3	2	1
STORY:	10	9	8	7	6	5	4	3	2	1
STRUCTURE:	10	9	8	7	6	5	4	3	2	1

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SYNOPSIS:

COMMENTS: