



In-School Group Screening Form Chicago International Children's Film Festival

1517 W. Fullerton Ave.
Chicago, IL 60614
Tel: 773-281-9075 ext 102
Fax: 773-929-0266
groups@facets.org
www.facets.org

Group Contact Information

Name: _____

School/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: W _____ ext. _____ C _____ H _____

It can be difficult to contact teachers during business hours - personal numbers are a big help.

E-mail: _____ Fax: _____

Other contact name & number: _____

(at school or organization)

Group Information

Number of children in group: _____ Age range: _____ Grade(s): _____

Number of adult chaperones: _____

Teachers and adult chaperones are admitted free of charge. There should be one chaperone per 10 children. Fees may apply for additional chaperones.

Screening Information

Date: _____ Day of Week: _____ Time: _____

Program: _____ Grade Level: _____

YES, I'd like subtitles of foreign-language films to be read aloud.

NO, I do not want subtitles of foreign-language films to be read aloud.

Facets media educators read the English subtitles of foreign-language films aloud in programs for Pre-K through 3rd Grade (ages 2-8). If your students would benefit from subtitles being read aloud (programs for older ages) or not being read aloud (programs for younger ages), please let us know.

Location (name & address if different from above): _____

(over)

Group Numbers and Pricing

In-School Group Screening _____ @ \$8.00 = \$ _____

In-School Group Screening (Long Distance) _____ @ \$10.00 = \$ _____

If school is over 30 mi. from Facets.

In-School Group Screening (groups less than 50 students)

_____ @ = \$400.00 (flat rate)

_____ @ = \$500.00 (long distance flat rate)

Chaperones _____ = FREE*

Additional chaperones* _____ @ \$10.00 = \$ _____

* Free chaperones are based on an approximate 10:1 ratio of students to adults. Fees may apply for additional chaperones.

TOTAL = \$ _____

DEPOSIT DUE (30% of total) = \$ _____

BALANCE (due day of screening) = \$ _____

Payment Information

Payment Method (check one): Check/Cash Credit Card: Mastercard Visa AMEX Discover

Credit Card Number: _____ Expiration: _____

CVV/CVV2 # (on back of card): _____ Name on Card: _____

In-School Group Screening Technical Requirements:

- School staff person **MUST** be responsible for audio visual projection and amplification
- Classroom, multi-purpose room or assembly hall with a screen
- BluRay player, DVD player, computer or laptop with DVD drive / and LCD projector. *Films will be presented on a non-region DVD-R, playable in most DVD drives or on most DVD players or on BluRay.*
- Separate speaker system for sound (**not laptop speakers**)
- [for larger spaces] Hand-held microphone for media educator
- Room must have shades (be able to be in darkness)
- Tech-check day of screening. Location staff are responsible for all technical elements.

Group Screening Agreement

- Make checks payable to **Facets**
- A deposit of 30% is required to confirm your reservation and is due upon receipt of invoice.
- Deposit refunds are only available to groups who cancel 10 business days before their attendance dates.
- ***I have read and understand the In-School Group Screening Technical Requirements.***

I (signature) _____ of (school or group) _____
am authorized to book a screening with Facets and understand all of the policies outlined above.

Facets Field Trips, Attn. Ann Vikstrom, 1517 W. Fullerton Ave., Chicago, IL 60614, groups@facets.org
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