



Early Group Registration

Chicago International Children's Film Festival

c/o Facets Multi-Media, Inc.
1517 W. Fullerton Ave.
Chicago, IL 60614
Tel: 773-281-9075 Fax: 773-929-0266
kidsfest@facets.org, fildtrips@facets.org
www.facets.org/kids

Group Contact Information

Name: _____

School/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

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

_____ 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 2-9). 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.

Screening Information

Festival screening schedule will be available in September. Early reservations will be the first contacted for booking once schedule is determined.

_____ Festival Screenings: October 26, 29, 30, 31 & November 1 & 2

_____ Extended Festival Group Screenings: Weekdays, October 22 – 25 & November 5 - 21

Date: _____ Day of Week: _____ Time: _____

Program: _____ Grade Level: _____

Location: _____ Facets Multi-Media – 1517 W. Fullerton Avenue, Chicago
_____ other Chicago venues – (TBA)

Refreshments

A refreshment package (one small popcorn & one small soda) is available at Facets. Refreshment packages MUST be pre-arranged with the Group Sales Coordinator. This refreshment package is \$3.00 per person (student & chaperone).

_____ Yes, our group would like to pre-arrange refreshment packages.

Number of refreshment packages: _____ @ \$3.00 each = _____

Refreshment restriction notes (no caffeine, etc.): _____

Ticket Information & Pricing

Regular Admission – \$7.00 per student

Groups of 25 or more – \$6.00 per student (**\$5.00 if you register before July 1!**)

Teachers & Chaperones – FREE*

Number of students:

Groups 25+ _____ @ \$5.00 = \$ _____
SPECIAL DISCOUNT PRICE if you register before July 1.

Groups 25+ _____ @ \$6.00 = \$ _____
If you register after July 1.

Groups under 25 _____ @ \$7.00 = \$ _____

Number of Adult Chaperones _____ = FREE*

Additional Chaperones* _____ @ \$9.00 = \$ _____

*Teachers and adult chaperones are admitted free of charge. Free chaperones are based on an approximate 10:1 ratio of students to adults. Fees may apply for additional chaperones.

Group Ticket Total = \$ _____

Deposit Due (30% of ticket total) = \$ _____

Balance (70% of ticket total - due day of screening) = \$ _____

Refreshment packages (Facets ONLY) _____ @ \$3.00 = \$ _____

Refreshment packages MUST be pre-arranged with Group Sales Coordinator.

Total Due Day of Screening = \$ _____

Payment Information

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

Credit Card Number: _____ Expiration: _____

Name on Card: _____ Authorizing Signature: _____

Group Screening Agreement

Please read & initial each of the following...

_____ I understand that my group should arrive at the theater 15 minutes before showtime. If my group arrives late, I understand that the program will have started. Films must start on time and will not be delayed for missing or late groups regardless of their size and/or circumstance.

_____ I understand that my school or organization is responsible for all transportation arrangements.

_____ I understand that deposit refunds are only available to groups who cancel 10 business days before their attendance dates.

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

Questions?

Please contact Facets Children's Programs at 773-281-9075 ext. 3011, kidsfest@facets.org or by fax : 773-929-0266

Visit our website at www.facets.org/kids

For general information, or to mail this form, please send to:

Chicago International Children's Film Festival
Attn: Group Sales
1517 W. Fullerton Ave., Chicago, IL 60614