



# 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](mailto:kidsfest@facets.org), [fldtrips@facets.org](mailto:fldtrips@facets.org)  
[www.facets.org/kids](http://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 3<sup>rd</sup> 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 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 venue – (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

Teachers & Chaperones – FREE\*

Number of students:

Groups 25+ \_\_\_\_\_ @ \$6.00 = \$ \_\_\_\_\_

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 Group Sales at 773-281-9075 ext. 3009, [fldtrips@facets.org](mailto:fldtrips@facets.org) or by fax : 773-929-0266

Visit our website at [www.facets.org/kids](http://www.facets.org/kids)

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

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