



Facets Children's Programs In-School Group Screening

c/o Facets Multi-Media, Inc.
1517 W. Fullerton Ave.
Chicago, IL 60614
Tel: 773-281-9075, ext. 3009
kidsfest@facets.org
fldtrips@facets.org
www.facets.org/kids

Group Contact Information

Contact 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: _____

Number of adult 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 (for younger ages), please let us know.

Screening Information

Date: _____ Day of Week: _____ Time: _____

Program: _____

Location: _____

Ticket Information & Pricing

All in-school screening programs include curriculum and on-site media educator-facilitator

Regular Admission - \$8.00 per student (75 Student Minimum)

Teachers & Chaperones – FREE

A fee surcharge may apply outside of Chicago-area boundaries.

Number of students: _____ @ \$8.00 = \$ _____

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) = \$ _____

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

- School staff person MUST be responsible for audio visual projection and amplification
- Multi-purpose room or assembly hall with a screen
- DVD player or laptop / and LCD projector
- **Separate speaker hook-up for sound (sound hook-up via a speaker system, not the laptop's speakers)**
- Hand-held microphone for media educator
- Room must have shades (be able to be in darkness)
- Day-of screening tech-check visit

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

I (signature) _____ of (school or group) _____ verify that I am authorized to book a program for 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 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:

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Attn: Group Sales
1517 W. Fullerton Ave.
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