



In-School Group Registration Form

Facets Children + Youth

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
kids@facets.org, fldtrips@facets.org
www.facets.org

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. 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 & Pricing

Minimum In-School Fee (Groups < 50)

_____ = \$400.00 (flat rate)

In-School Group Rate (Groups 50+)

_____ @ \$8.00 = \$_____

Chaperones

_____ = FREE*

Additional chaperones*

_____ @ \$9.00 = \$_____

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

Distance Fee: _____ @ \$100/20 mi. = _____

An additional fee of \$100 will apply to locations outside a 20 mi. area to Chicago with \$100 for each additional 20 mile distance from Chicago.

TOTAL = \$_____

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

BALANCE (due day of screening) = \$_____

Payment Information

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

Credit Card Number: _____ Expiration: _____

Name on Card: _____

In-School Group Screening Technical Requirements:

- 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

Films will be presented on a non-region DVD-R, playable in most DVD drives or on most DVD players.

Group Screening Agreement

- Make checks payable to *Facets Multi-Media, Inc.*
- 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 Children's Programs and understand all of the policies outlined above.

For additional information, or to book your field trip, please contact:

Group Sales Coordinator 773-281-9075 ext. 3009 or fldtrips@facets.org visit facets.org

Or, to mail this form please send to:

Facets Children + Youth
Attn: Group Sales
1517 W. Fullerton Ave.
Chicago, IL 60614