



Year-Round Group Screening Form Chicago International Children's Film Festival

1517 W. Fullerton Ave.
Chicago, IL 60614
Tel: 773-281-9075 ext 3040
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, 10:1 ratio. There should be one chaperone per 10 children. Fees may apply for additional chaperones

Screening Information

Weekdays 9:00a-6:00p

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 2nd 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.

- Locations: Facets Cinema I – 1517 W. Fullerton Ave., Chicago – seats 124
 Facets Cinema II - 1517 W. Fullerton Ave., Chicago – seats 35
 Other location (theaters with larger capacities may be available)

Refreshments

Refreshment packages (16 oz. popcorn & soda) are available at Facets ONLY and must be IN ADVANCE. Packages are \$3.00 per person (students & chaperones).

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

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

Group Numbers & Pricing

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

Groups of less than 25 _____ @ \$10.00 = \$ _____

Chaperones _____ = FREE*

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

Refreshment packages _____ @ \$3.00 = \$ _____

* 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: _____

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.
- Groups should arrive at theater 15 min. before showtime for seating.
- Screenings will not be delayed for late groups regardless of size or circumstance.
- School or organization is responsible for all transportation arrangements.

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 – Group Sales Dept.
Attn: Ann Vikstrom
1517 W. Fullerton Ave.
Chicago, IL 60614
groups@facets.org
PHONE: 773-281-9075 ext. 3040
FAX: 773-929-0266