



# Year-Round Group Screening Form

## Chicago International Children's Film Festival

c/o Facets Children + Youth  
1517 W. Fullerton Ave.  
Chicago, IL 60614  
Tel: 773-281-9075 ext 3040  
Fax: 773-929-0266  
groups@facets.org  
[www.facets.org](http://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

\_\_\_\_\_ Year 'round Screenings: Weekdays 9:00-5:00

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 Multi-Media – 1517 W. Fullerton Avenue, Chicago – seats 125
  - \_\_\_\_\_ Facets Video Theater (1517 W. Fullerton Ave., Chicago) – seats 35
  - \_\_\_\_\_ In-School Group Screening (at your school or organization; minimums apply)
  - \_\_\_\_\_ 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 = \$ \_\_\_\_\_

In-School Group Screening \_\_\_\_\_ @ \$8.00 = \$ \_\_\_\_\_

In-School Group Screening (groups less than 50 students)

\_\_\_\_\_ @ \_\_\_\_\_ = \$400.00 (flat rate)

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 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: \_\_\_\_\_

## 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

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FAX: 773-929-0266