

Starlight Cinemas

A Community Theatre

www.starlightcinemas.com

SCHOOL "MOVIE NIGHT" FUNDRAISER REQUEST FORM

This form is a **REQUEST** only. Please **DO NOT** advertise this event, distribute materials or collect money until you receive a Booking Agreement from your local Starlight Cinemas. Requested date, time and/or film may not be available. Your local theatre must receive this request a minimum of two weeks (14 days) prior to requested event date. School "Movie Night Fundraisers" can easily be accommodated Monday-Thursday. Accommodations may be available on Friday, Saturday or Sunday, but availability may be more limited.

School Name: _____

City: _____ **Zip Code:** _____

Planning Contact Name: _____ **Phone Number:** _____

Email: _____ **Fax Number:** _____

Event Day Contact Name: _____ **Event Day Contact MOBILE Number:** _____

Requested First Choice: _____

Event Date— Second Choice: _____

For your Movie Night to be most successful as a fundraiser, we recommend that schools choose a film that will be within its first run week. In these cases, film title availability can be more confidently projected at an earlier time, but due to film contracts, **film availability can not be confirmed until 4 days prior to event date**. For this reason, we ask that you provide three film preferences and select a 60 minute time frame, during which you would like the film to start. When your local Starlight Cinemas contacts you after processing this request form, we would be happy to provide further explanation of this process. Please be aware that publicized release dates are subject to change, and that these changes are not determined by Starlight Cinemas.

Requested

Film Start Time: ☐ 6pm-7pm ☐ 630pm-730pm ☐ 7pm-8pm ☐ 730pm-830pm ☐ Other: _____

First Choice: _____

Preferred Film Selection— _____

Second Choice: _____ **Third Choice:** _____

Projected Attendance: _____

This number may be a window (i.e 100-200)

Are you interested in Concession Options? ☐ **Yes** ☐ **No**

Notes/Special Requests: _____
(example: No previews, would like microphone)

**Please return your completed form to your local Starlight Cinemas.
or submit electronically via the online form.**

Initial here to confirm that you agree to the Terms and Conditions and understand that this is a **REQUEST** only. Your booking is **NOT** guaranteed until you receive a Booking Agreement from Starlight Cinemas.

INITIAL

TODAY'S DATE