



EVENT REQUEST FORM

I. General Information

Contact Name: _____ Date of Inquiry: _____

Contact Phone number (day) _____ Contact Phone number (evening) _____

Contact E-Mail Address: _____ Organization/Parish: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country (optional) _____ Location of Event: _____

Nearest Airport: _____ Expected travel time from airport to event site: _____

I. Event Information

I am interested in (check one):

Screening Screening w/ COF Spokesperson Screening w/ Featured Athlete Other _____

If you are showing the film at a conference, please list other presentations/talks offered:

What is the name of the event: _____

Expected attendance at event: _____ Capacity that event venue can hold _____

Please list date/month of interest in order of preference: (You can write specific dates or general requests like "any Saturday in March of next year")

1st preference _____ 2nd preference _____

3rd preference _____ 4th preference _____

I. Additional Information

(1) Do you intend to charge admission for this event? Yes No

(2) If yes, what is the fee? \$ _____

(3) If yes, what will the proceeds benefit? _____

(4) Are you advertising the event? If so, how? _____

(5) Additional comments: _____

PLEASE FAX COMPLETED FORMS TO 866.232.3470