



Classroom to Screening Room Confirmation Form

School/Organization: _____

Address: _____

Billing address: (if different) _____

Phone: _____

Contact Name: _____ Title: _____

Email: _____ Phone #: _____

Names of all teachers with a class participating:

Program Date(s): _____

Program Start Time: _____ Program End Time: _____

Program Description: _____

If applicable:

Film Title: _____ Running Time: _____

Participants expected: ___Students ___Teachers ___ Additional chaperones

Per student fee: _____ Total fee: _____

Schools that qualify for transportation reimbursement may request for the bus company or transportation office to bill the Jacob Burns Film Center directly. Please send invoice to the attention of Alana Benoit via fax: (914) 773-0762; mail: to 405 Manville Road, Pleasantville, NY 10570; or email: abenoit@burnsfilmcenter.org.

Any damage resulting from intentional misuse of the JBFC/Media Arts Lab facilities or equipment from the school or organization listed above will be the school or organization's financial liability. By signing this contract, I agree to full payment, liability for damage, etc.

Signed _____ Date _____

For Office Use:
Date Booked:
Date Confirmation Sent: