

Registration Form for Schools, Community Youth Organizations and Social Service Agencies
(please complete one registration form per program)

Program (Please check):

- See Hear Feel Film
- Minds in Motion
- Classroom to Screening Room

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:** _____ **20% Deposit Due:** _____

Schools that qualify for transportation reimbursement may request for the bus company or transportation office to bill the Jacob Burns Film Center directly. Please fax invoice to: (914) 773-0762 or mail invoice: to 405 Manville Road, Pleasantville, NY 10570 att: Mary Ward

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:

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