

I. your information...

Name of Institution _____

Address _____

City, State, ZIP _____

Contact Person(s) _____

Contact Phone _____ email address _____

2. Choose a show(s) and dates....

(please circle number of perfs)

- SLEEPY HOLLOW** Avail October 1-31 \$495 one show / \$850 two shows
 Requested Date? _____ Requested Time(s) of Performance? _____
- CHRISTMAS CAROL** Avail Nov 27-Dec 22 \$695 one show / \$1175 two shows
 Requested Date? _____ Requested Time(s) of Performance? _____
- TUBMAN** Avail Feb 4 -Mar 7 \$650 one show / \$1100 two shows
 Requested Date? _____ Requested Time(s) of Performance? _____
- CHICAGO: A MOSAIC** Avail year-round \$695 one show / \$1150 two shows
 Requested Date? _____ Requested Time(s) of Performance? _____
- ANNE FRANK: ON THE AIR** Avail year-round \$650 one show / \$1100 two shows
 Requested Date? _____ Requested Time(s) of Performance? _____
- FRACTURED FAIRY TALES** Avail year-round \$675 one show / \$1150 two shows
 Requested Date? _____ Requested Time(s) of Performance? _____
- 50 STATES IN 60 MINUTES** Avail year-round (start Nov 1) \$675 one show / \$1150 two shows
 Requested Date? _____ Requested Time(s) of Performance? _____
- THE BFG** Avail year-round (start March 1) \$675 one show / \$1150 two shows
 Requested Date? _____ Requested Time(s) of Performance? _____

TOTAL FOR ALL PERFORMANCES BOOKED \$ _____

10% deposit due on booking request \$ _____

Balance Due \$ _____

3. Terms and Conditions....

A 10% non-refundable deposit must accompany this form, increased to 50% no later than 30 days prior to performance. Payment in full is due on or before the day of performance Please make checks payable to CINEMA ACADEMY, and mail or fax this form to:

GREATWORKS BOOKINGS

c/o Cinema Academy
4257 Terri Lyn Ln
Northbrook, IL 60062

(847) 564-9060 ph / (847) 564-9098 fax

FOR OFFICE USE ONLY

Booking Rcvd ____/____/____ (check) \$ _____

50% Rcvd ____/____/____ (check) \$ _____