

HIGH SCHOOL FILM FESTIVAL REGISTRATION FORM

School name : _____

Contact person : _____

School street address : _____

City/State/ZIP : _____

Contact telephone number : _____

Contact e-mail : _____

Name of the Film you would like to bring your students to see : _____

Date of Film : _____

Number of students you plan to bring : _____

Please fax this form to (212) 423-3232

Attention: Scheduling Coordinator, Education Department

or

Email schedulingcoordinator@thejm.org with the above requested information.

The Scheduling Coordinator will contact you to confirm your reservation.