

Starlight Cinemas

A Community Theatre

www.starlightcinemas.com

THEATRE & PROJECTOR RENTAL REQUEST FORM

Please use this form if you are wishing to show a film that you provide, or use the theatre space for meetings or activities. We can accommodate films in DVD/BluRay, 35mm and Digital Hard Drive formats. This form is a **REQUEST** only. Please do not advertise your event until you receive a Booking Agreement from your local Starlight Cinemas. Starlight Cinemas must receive this request a minimum of two weeks (14 days) prior to your requested event date.

Business/Organization: _____

(if applicable)

Contact Name: _____ Phone Number: _____

Email: _____ Alt. Number/Fax: _____

Requested First Choice: _____

Event Date— Second Choice: _____

****Theatre Rentals are not available one week preceding or one week following December 25th.****

Theatre Rentals are charged an hourly rate. Rates vary depending on the day of the week, and the time of day, and range from \$200/hr-\$350/hr. With little exception, rentals will be charged for a minimum of two (2) hours. In the event that you expect your attendance to be greater than the capacity of our largest auditorium, more than one auditorium will be necessary. Rental rates are charged per hour, per theatre. Rentals can take place at any time of the day or night, and need not be during normal operating hours.

Requested Rental Start Time: _____ AM PM

This is the time that the auditorium will be available for setup etc. if necessary

Requested Rental End Time: _____ AM PM

This is the time that you expect to be completely finished with the auditorium, including any necessary "tear down".

What is your projected attendance? _____

The number should include everyone that will be in the theatre, including staff, if applicable

Will you be showing a film? YES NO

-If YES, what format?

Digital Hard Drive

BluRay/DVD

35MM

-If YES, will you be charging for admission?

YES

NO

If NO, briefly describe your event: _____

Please note any other questions, comments or requests: _____

**Please return completed form to your local Starlight Cinemas.
or submit it via email using the online form**

INITIAL

TODAY'S DATE

Initial here to confirm that you agree to the Terms and Conditions and understand that this is a **REQUEST** only. Your booking is **NOT** guaranteed until you receive a Booking Agreement from Starlight Cinemas.