CINEMA ENTERTAINMENT CORP

THEATRE RENTAL / GROUP DISCOUNT FORM

THEATRE:_____CITY:_____

GROUP NAME:_____

ADDRESS:_____

CITY/STATE/ZIP_____

CONTACT:_____ ***PHONE#:***_____

********** TYPE OF RENTAL OR GROUP SHOWING **********

( ) AUDITORIUM RENTAL ONLY (NO MOVIE SHOWN)

( ) GROUP RATE FOR MOVIE *CURRENTLY* PLAYING ( ) RATE FOR "SPECIAL" MOVIE BROUGHT IN FOR DAY

****

DAY(S) & DATE OF RENTAL:_____

ARRIVAL TIME:_____START TIME:_____

MOVIE CO:_____MOVIE TITLE:_____

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RENTAL COST (Refer to your Film and Marketing Manual)

AUDITORIUM RENTAL (For meetings or presentations)……..…..$_____

GROUP RATE FOR "SPECIAL" (flat) RENTAL……..…..$_____

GROUP RATE FOR "CURRENT" MOVIE…….……$_____

CONCESSIONS (if paid for by group)……..……..…....$_____

TOTAL RENTAL AMOUNT FOR THIS EVENT……..……....***$$$_____****

PAYMENT FOR THE RENTALS AND GROUP SHOWS SHOULD BE MADE IN ADVANCE(or day of).
In some instances, companies may require an invoice and will send payment into main office.

DOES THIS GOUP REQUIRE AN INVOICE? ( ) YES ( ) NO

WILL THEY????? PAY AT THE THEATRE _____ OR SEND TO MAIN OFFICE_____

<note: Invoices are prepared and sent from the CEC Home Office>

WILL THERE BE AN OPEN CONCESSION STAND? ( ) YES ( ) NO

_____ _____

submitted by:(mgr's signature) home office appoval

COMMENTS:_____

THIS BOX FOR HOME OFFICE USE ONLY!!!

FLAT FILM RENTAL ( ) YES ( ) NO *IF YES, FLAT FILM COST IS $*_____

INVOICE DATE:_____INVOICE #_____

DATE PAID_____ B.O.R. VERIFICATION DATE:_____