



APPLICATION FORM

Please complete ALL fields below and return to lernst@mplc.com

Type of customer (New/Existing): (If you are an existing customer, please provide your MPLC account reference here)	
Contact name:	
Name of your organisation:	
Full address and postcode:	
Email Address:	
Contact Number:	
Is this a Drive-In screening or an Outdoor screening?	
Location and venue where the film(s) will be screened:	
Screen size :	
What is the legal holding capacity of the screening space (i.e. maximum no. of people that can be seated)?	<input type="checkbox"/> Under 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> 101 - 200 <input type="checkbox"/> 201 or more please specify _____
What is the expected attendance of each screening?	
Are you charging an admission fee/ticket price? If 'yes', what is your ticket price:	
Is there a cinema within a 10 km radius of the event?	
Are you planning to advertise the screening? Check all that apply	<input type="checkbox"/> Newsletter/e-Newsletter <input type="checkbox"/> Radio Ads <input type="checkbox"/> TV Ads <input type="checkbox"/> Flyers <input type="checkbox"/> Newspaper <input type="checkbox"/> Facebook/Website

Brief summary explaining what the screening is for:	
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#	FILM(S)	LIST PLAY DATE(S) (Date of screening)	TOTAL NUMBER OF SCREENINGS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			