

Back-to-school Movie Night Registration Form

Person completing form: _____

School district: _____

Date of interest: _____

Estimated # of attendees: _____

Indoor or outdoor? _____

(If outdoor) Grass or blacktop? _____

Contact Name(s)

Email address:

1. _____

2. _____

3. _____

Please return to sarai@bookamovienight.com