**THE BEATLES: EIGHT DAYS A WEEK – THE TOURING YEARS SCREENING ENQUIRY FORM**

This screening enquiry form is for indoor, outdoor and special screening requests, by existing Single Title Screening
Licence account holders only. If you wish to set up an STSL account, please apply at [www.filmbankmedia.com/stsl](http://www.filmbankmedia.com/stsl)

**\*All fields below are mandatory**

|  |  |
| --- | --- |
| **YOUR NAME** |  |
| **ORGANISATION NAME** (Please state the organisation as per your online STSL account) |  |
| **STSL ACCOUNT REFERENCE NO.** |  |
| **TELEPHONE** |  |
| **EMAIL ADDRESS** |  |
| **WEBSITE ADDRESS** |  |

**SCREENING INFORMATION**: We Advise that you complete all fields in full. Failure to do so may lead to a delay in your application being processed.

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| --- | --- |
| **IS YOUR SCREENING INDOORS, OUTDOORS OR A DRIVE-IN?** |  |
| **FULL POSTAL ADDRESS LOCATION OF THE SCREENING** (For multiple locations, please complete a separate application per site) |  |
| **DO YOU HAVE THE FACILITY TO SCREEN ON DCP** (Digital Cinema Projection) /35mm | YES / NO |
| **FOR INDOOR SCREENINGS: Do you screen films released within the 12 week UK theatrical cinema release window?** |  |
| **SCREEN SIZE** **(YOU MUST STATE LENGTH VS. WIDTH IN METRES OR FEET)** \**Please note these specifications must be stated otherwise your application will not be processed\*\** | LENGTH:  | WIDTH: |
| **PLEASE STATE THE MAXIMUM LEGAL HOLDING CAPACITY OF SCREENING ROOM/ OUTDOOR SPACE. \****Please note, this should not be an estimated number***OUTDOOR SCREENINGS - (**FOR REFERENCE SEE YOUR COUNCIL’S EVENTS NOTICE AND SEND THIS TO FILMBANKMEDIA WITH THIS REQUEST. FOR DRIVE-INS, PLEASE STATE MAXIMUM NUMBER OF CARS**)** |  |
| **ARE YOU CHARGING AN ADMISSION FEE?** | YES / NO |
| **IF CHARGING AN ADMISSION FEE, PLEASE STATE THE FULL TICKET PRICE ENTRY TO YOUR EVENT -** \*PLEASE INCLUDE A BREAKDOWN OF ALL TICKETS e.g. ADULT, CHILD, FAMILY ETC) |  |
| **PLEASE LIST ALL ACTIVITES INCLUDED IN THE TICKET PRICE** |  |
| **PLEASE PROVIDE A FULL DETAILED EXPLANATION OF THE EVENT / SCREENING AND WHAT WILL BE INVOLVED.**  |  |
| **PLEASE SPECIFY THE PURPOSE OF THE EVENT/ SCREENING** |  |

**ADVERTISING AND MARKETING INFORMATION**

|  |  |
| --- | --- |
| **ARE YOU ADVERTISING YOUR SCREENING?** | YES / NO |
| **IF YES, PLEASE STATE HOW THIS SCREENING WILL BE ADVERTISED** *e.g. SOCIAL MEDIA, NEWSLETTER ETC.* \*PLEASE SUPPLY US WITH ANY ADVERTISING MATERIAL RELATED TO THIS EVENT |  |
| **PLEASE STATE THE ORGANISATION(S) TAKING RESPONSIBILITY FOR ALL PUBLICITY IN RELATION TO THE EVENT** |  |
| **WILL THERE BE ANY 3RD PARTY PROMO,** **OFFICIAL SPONSOR / SPONSORSHIP FROM BRANDS OR SIMILAR AT YOUR EVENT** | YES / NO |
| **IF YES TO THE ABOVE, PLEASE LIST THE ORGANISATION(S) NAME AND INDUSTRY TO WHICH IT FALLS UNDER?** |  |
| **IN RELATION TO THE ABOVE, PLEASE PROVIDE A DETAILED EXPLANATION OF HOW THE 3RD PARTY / OFFICIAL SPONSOR / BRAND WILL BE INVOLVED IN YOUR EVENT** |  |
| **HOW WILL THE 3RD PARTY / OFFICIAL SPONSOR / BRAND BE FEATURED ON YOUR ADVERTISING MATERIAL FOR THIS EVENT? *\*Please send us any promotional material to support this*** |  |
| **ADDITIONAL INFORMATION** |
| **WILL THE SCREENING INVOLVE ANY AUDIENCE PARTICIPATION?** (e.g. SING-ALONG OR INTERACTIVE ELEMENTS) **IF YES, PLEASE** **PROVIDE A FULL SUMMARY OF WHAT THIS WILL INVOLVE** |  |
| **WILL THE SCREENING INVOLVE ANY LIVE** **DRAMATIC PERFORMANCE?** |  |
| **WILL THE SCREENING INVOLVE ANY THEMING OR THEMED ELEMENTS? (E.G. FOOD / DRINKS / DÉCOR ETC.)**  |  |
| **WILL THE SCREENING INVOLVE ANY SPECIAL EFFECTS?** |  |
| **STATE ‘YES’ TO AGREE THAT THE FILM WILL BE PLAYED IN ITS ENTIRETY** |  |
| **STATE ‘YES’ TO AGREE THAT THERE WILL BE NO CHARACTERS RELATED TO THE FILM OR THEIR LIKENESS AT YOUR EVENT** |  |

**FILM SELECTION AND SCREENING DATES**

Please ensure your selected film is featured within the Filmbankmedia film catalogue. The supply of DVDs or Blu-Rays are subject to availability. If you wish Filmbankmedia to supply you with a DVD/BLU RAY there will be a £14 + VAT freight charge which covers the delivery and return of the disc.

|  |
| --- |
| FILM 1 |
| FILM TITLE |  | SCREENINGS DATE(S) |  |
| NO. OF SCREENINGS |  | FORMAT**(DVD / BLU RAY)** |  |
|  |  | **DO YOU WISH FILMBANKMEDIA TO SUPPLY YOU WITH A DVD/BLU RAY**  | YES/NO |

**BEATLES – EIGHT DAYS A WEEK RESTRICTIONS**

Please read through and agree to the restrictions below in relation to your screening request for THE BEATLES above.

* Clips:

I agree that I shall not use any clips of the Film for any purpose.

- Dubbed/subtitled versions:

The Film shall not be dubbed or subtitled without Studiocanal’s prior written approval.

- Editing:

I agree that I shall not cut, edit or otherwise alter the Film or its main and end titles in any manner whatsoever.

* Literary Material:

I agree to use only the synopsis provided by Filmbankmedia on behalf of Studiocanal for promotional purposes or as approved by Studiocanal via Filmbankmedia. Any publication of dialogue in newspapers, magazines and trade periodicals is subject to pre-approval by Studiocanal via Filmbankmedia.

* Promotional and marketing materials:

I agree to use only Studiocanal-approved creative, marketing material, P&A, synopses and images as provided by Filmbankmedia. Any promotional and marketing material is subject to Studiocanal’s prior written approval via Filmbankmedia.

Studiocanal has an approval right over all name and likeness usage, including any photographs, and so called artwork depiction, of:

(a) The Beatles as a group or each individual member of The Beatles, including any photographs for the marketing campaign and so called artwork depiction;

(b) The spouses or ex-spouses of the Beatles; and

(c) Any celebrity interviewees who appear in the Film.

If requested, Studiocanal shall provide photographs approved for promotion of the Film.

* Title:

Studiocanal has a right of approval over any change of title.

* Approvals:

Studiocanal shall have seven (7) business days from submission of an approval request to respond and failure to respond within such time period shall be deemed disapproval.

***\*please complete ALL fields below. Failure to do so will result in a delay on your approval***

Name: ………………………………………………….…

Signature: ……………………………….………………

E-signature (please type yes): I agree

Organisation Name: …………………….…………

Date: ……………………………………….……….…….