

# Thoughts Become Things Public Screening Request

[www.tut.com](http://www.tut.com)

Organization requesting and hosting the screening: \_\_\_\_\_

Contact person, position, email address, and phone number (this information may be displayed at the *Thoughts Become Things* movie website beneath "Screenings" if approved): \_\_\_\_\_

\_\_\_\_\_

Location of screening (complete physical address): \_\_\_\_\_

\_\_\_\_\_

Date(s) of Screening (all screenings must take place within one week of the first screening, at which time this agreement expires, unless extended in writing): \_\_\_\_\_

\_\_\_\_\_

Anticipated attendance of each screening: \_\_\_\_\_

By submitting your request to host a screening of this film and by signing this form, you represent and warrant that you are at least 18 years of age and you acknowledge and agree to the following:

1. I understand that I must receive written permission from TUT's Adventurers Club before screening this film or announcing the screening date. And that the granting of permission is at the sole discretion of TUT's Adventurers Club.
2. I understand and agree that the screening will be completely free of charge for all people who wish to attend. There will be no ticket cost, entrance fee, or requests for donations or contributions toward screening costs. There will be absolutely NO cost or charge associated with attending the screening.
3. I will *not* claim to be associated with this film or its production in any way. I understand that the screening of this film does not constitute or imply a partnership, joint venture, agency, employer/employee relationship, or any other similar relationship.
4. This film will be screened uninterrupted, in its entirety.
5. I confirm that all of the information on this form is correct and can be displayed at the *Thoughts Become Things* movie website. If any of the above information changes, I agree to contact TUT's Adventurers Club immediately so the information they have is always up to date and accurate.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

Please fax your screening request to 407-488-1981.