**

IMAX is pleased to offer educational and exciting documentaries as part of its film schedule! **Atlantic**, the official education sponsor, through its partnership with IMAX is making this unique learning vehicle accessible to all students regardless of their financial situation or location. These documentaries bring classroom lessons to life, from under the sea adventures through time and space! We look forward to hosting your class and school group at the IMAX. To best cater for classes over 20 members, kindly fill out the form below and we will contact you regarding your visit. IMAX will not share this information with any third party. All information is strictly confidential and will only be used by IMAX. **IMPORTANT NOTICE TO SCHOOLS:** By accessing funding from Atlantic you have agreed to the use of photographs of the children during the visit for promotional use by Atlantic.  
 Note: the fields with an asterisk (\*) directly following are required in order to submit the form

***NO SCHOOL BAGS/LUNCH KITS WILL BE ALLOWED IN THE CINEMA***

**CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| First Name\* |  | |
| Last Name\* |  | |
| Email Address\* |  | |
| School Name\* |  | |
| School Address\* |  | |
| Age group \* |  | |
| Phone Number\* |  | Mobile Number\* |
| Year Group \* |  | |
| Number of Students per class\* |  | |

**ULTIMATE FIELD TRIP INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How did you hear about the Ultimate Field Trip?**  **If via the newspaper, please indicate which one.** | | | |  | |
| **Has the school been on the Ultimate Field Trip before?**  **If yes, please state how many times** | | | |  | |
| **IMAX CLASSIC FILM \***  ***Please state your film choice below*** | | | | | |
|  | | | | | |
| **DOUBLE FEATURE**  ***If you are interested in a double feature, please state your film choices below*** | | | | | |
| **1ST IMAX CLASSIC FILM** | | | | **2ND IMAX CLASSIC FILM** | |
|  | | | |  | |
| **First Choice Date\*** | | | | **Second Choice Date\*** | |
| *-----/-------/--2018--*  dd mm yyyy | | | | *------/-------/-----2018------*  dd mm yyyy | |
| No. of Students\* | | |  | | |
| No. of Teachers \* | | |  | | |
| Are you purchasing concession items?  (Please tick yes or no) | | v/  **Yes No** | | | |
| **\*Movie Show Time Options**  (Please tick or highlight the times you are interested in.) | | | | | |
| **MOVIE STARTS\*** | **9:00am** | | | **10:00am** | **11:00am** |
| Arrival Time | 8:00am | | | 9:00am | 10:00am |
| Departure Time | 10:00am | | | 11:00am | 12noon |

**CANCELLATION AND BOOKING MODIFICATION POLICY**

|  |
| --- |
| *The full cost of your visit as shown on your confirmation will be charged on your arrival unless you notify IMAX by telephone of any changes at least 3 days before the date of your visit. In particular, you must notify us about any decrease in your numbers. All prices and policies are subject to change without any notice. School group rates are already discounted. No additional coupons, passes or membership discounts are allowed.* ***NO SCHOOL BAGS/LUNCHKITS WILL BE ALLOWED INT THE CINEMA*** |

*Please contact us on 297-0205 or e-mail us at* [*edu@imax.tt*](mailto:edu@imax.tt)

**ADDITIONAL ASSISTANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you require part of full financial assistance for any student within the group or for the entire group please fill in the necessary details below. All cases will be individually reviewed and you will be contacted by a member of the IMAX team.  **Kindly select EITHER OR assistance options below.**  **\*IT IS MANDATORY TO STATE A REASON FOR YOUR REQUEST** | | | | |
|  | | | | **No. of students** |
| **Tickets for** | |  |  |  |
| **Transportation for** | |  |  |  |
| **\*REASON:** | | | | |
| **\*To be covered by Atlantic:** | **No. of tickets \_\_\_\_\_\_\_\_\_\_\_** | | | |

***(Please ensure that the school principal signs and stamps the completed form)***

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