

“REFUSING TO BE ENEMIES” – SCREENING REQUEST FORM

Date: _____

Name (primary contact): _____

Email address: _____

Day #: () _____ Cell #: () _____

Complete mailing address: _____

Your group or sponsoring organization (website, info about it):

How did you hear about Refusing to Be Enemies?

PURPOSE/GOALS

Who is your audience?

We want 100-125 people. Do you have that many or more?

If you intend to collaborate with other organizations to broaden the potential audience, who are they?

What do you hope the screening will accomplish?

Raise awareness of the Israeli-Palestinian conflict

Foster interest in forming dialogue groups

Foster interest in learning dialogue

Examine dialogue as a tool for peacemaking

Look at this story from a feminist perspective

Foster interest from an interfaith perspective

Other: _____

VENUE / SCHEDULING

What venue are you considering? What is its capacity?

Is there a cost for its use? (if so, what is it?)

What date or dates are you considering? _____

What kind of flexibility do you have?

BUDGET

Do you have a budget for this screening? (if so, what?) _____

Could you charge a modest ticket price of \$3 or \$5 per person?

PLEASE RETURN THIS FORM TO:

Refusing to be Enemies

1100 N Main St, Ann Arbor, MI 48104