

refusing to be enemies



Screening Request Form

Today's Date: _____

Name (primary contact): _____ Email: _____

Daytime phone: (_____) _____ Cell: (_____) _____

Complete mailing address: _____

Your group or sponsoring organization (include 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, 1500 Westminster Place, Ann Arbor, MI 48104
refusingtobeenemies@gmail.com • 734-623-7823 (RTBE)