



# CAPILANO UNIVERSITY

## BOSA CENTRE FOR FILM & ANIMATION

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### Bosa Theatre Booking Request Form

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date/Time of Event \_\_\_\_\_

Video Format – Please Check One

DVD  Blu-Ray  DCP

*Please arrange to have the media delivered to the Bosa Centre one week prior to the screening date.*

PA System Required? \_\_\_\_\_

Microphone Required? \_\_\_\_\_

What is the total runtime of the film(s)? \_\_\_\_\_

Will there be lighting or sound cues between films for commentary and/or rest breaks?

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**Please send completed form to [bosarentals@capilanou.ca](mailto:bosarentals@capilanou.ca)**