



CANYON CINEMA

1777 YOSEMITE AVE, SUITE 210
SAN FRANCISCO, CA 94124
415-626-2255

**For Members Only:
Deposit a new film print for rental distribution, lease
and/or a DVD for lease.**

Checklist:

- 16mm, Super8mm, Regular8mm release print (splice-free w/ SMPTE or other focus leader), or Region-Free DVD (no paper sticker label) or DVD-R.
- Distribution-ready reel and can or DVD case provided.
- Frames per second, Silent/Sound, Aspect Ratio, Color &/or B&W clearly marked.
- Provide filmmaker name and full contact info (update if necessary).
- Provide pricing.
- Provide a filmmaker biography. (Update if necessary)
- Provide high-resolution .tif or .jpg still images on a CD or flash drive (will not be returned) or via email to <info@canyoncinema.com>.
- Provide a digital press-kit (optional).
- Provide a description of the work being sent, preferably via email or Word document.

Name:

Permanent Address:

Home Phone Number:

Mobile Phone Number:

Work Phone Number:

Fax Number:

Email address:

Website:

Title of the film:

Running Time:

Color or B&W:

Silent or Sound:

Frames per Second (film only):

Special projection instructions (if any):

Aspect Ratio:

Year Completed:

Country:

Description:



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Rental Price for Individuals: \$
Rental Price for Institutions: \$

Lease Price for Individuals: \$
Lease Price for Institutions: \$

**Canyon Cinema recommends rental rate of at least \$4 per minute. **

Questions to be completed: Questions to be completed:
(circle one)

Are films available to Canyon Cinema for benefit purposes?

Yes No

Are you willing to have the staff negotiate fair and reasonable rental fees for theatrical or multiple screenings?

Yes No

Shall Canyon Cinema provide non-shareholders with your e-mail address?

Yes No

Shall Canyon Cinema provide non-shareholders with your phone number?

Yes No

Deposit of new work at Canyon is governed by the policies outlined in your original original original, signed membership request and agreement. , signed membership request and agreement. , signed membership request and agreement.

Please sign and date: Please sign and date:

Name:	
Signature:	Date:



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