

**COST: \$525.00**

**CARD # \_\_\_\_\_**

**2018 CINEMA PASSPORT**  
REGISTRATION FORM ~ RULES & INFORMATION



1. THE CINEMA PASSPORT must be registered in the name of the cardholder. Only the cardholder accompanied by his or her guest may use the card to obtain free admission.
2. THE CINEMA PASSPORT must have a recent passport-sized photo of the cardholder.
3. THE CINEMA PASSPORT must be presented by the cardholder at the theatre box office when obtaining tickets.
4. THE CINEMA PASSPORT is NOT VALID if a distributor or exhibitor imposes a "no pass" policy for a specific film.
5. THE CINEMA PASSPORT is NOT VALID at more than one movie on the same day.
6. NO ADVANCE TICKETS WILL BE ISSUED.
7. EXCHANGES ARE STRICTLY PROHIBITED ONCE THE TICKET IS ISSUED.
8. TICKET ADMISSIONS ARE NON-TRANSFERABLE.
9. THE CINEMA PASSPORT is valid from January 1, 2018 through December 31, 2018
10. THE CINEMA PASSPORT will provide the cardholder and a guest free admission to the metro Atlanta theatres owned by the following theatre circuits for the calendar year of 2018 and subject to the above restrictions: **AMC Theatres, Aurora Cineplex, CinéBistro, Cinemark Theatres, Georgia Theatre Company, Landmark Theatres, The Springs Cinemas and Taphouse (formally Lefont Theaters,) Movie Tavern Theatres, NCG Movies, New Vision Theatres, Regal Entertainment Group, Spotlight Theatres and Studio Movie Grill.**
11. Any abuse of these rules may result in revocation of privileges and surrender of CINEMA PASSPORT without refund.
12. Please guard this card carefully. In case of loss or theft, **NO REPLACEMENT CARDS WILL BE ISSUED.**

<b>Contributor's Name</b>	_____			<b>Address</b>	_____	_____	_____
City	_____	<b>State</b>	_____	<b>Zip Code</b>	_____	_____	_____
Telephone (Daytime)	_____			<b>E-Mail</b>	_____	_____	_____
<b>Payment Options:</b>							
Credit Card#	_____	_____	<b>Code #</b>	_____	<b>Exp Date</b>	_____	_____
Online at	<a href="http://varietyofgeorgia.org/donation">http://varietyofgeorgia.org/donation</a>			_____	_____	_____	_____
Check #	_____	<b>Payment Address below</b>			_____	_____	_____
<b>Card Holder's Name</b>							
City	_____	<b>State</b>	_____	<b>Zip Code</b>	_____	_____	_____
Telephone (Daytime)	_____			<b>E-Mail</b>	_____	_____	_____

The undersigned hereby acknowledges that he or she has been informed of all rules and regulations pertaining to the use of the VARIETY CINEMA PASSPORT, including the fact that the card is nontransferable and may be used only by cardholder and guest for admission, and that the undersigned agrees to abide by said rules.

**SIGNATURE OF CARDHOLDER** \_\_\_\_\_

**DATE** \_\_\_\_\_