DETROIT AT THE MOVIES – Application

Cass City Cinema

Filmmaker(s) N	lame:				
Address:					
Email Address:		Phone Number:			
Film Title:		Total Run Time:			
Synopsis:					
Other Films:					
Awards Receive	ed:				
Format of Med	ia:				
35mm	16mm	DVD	Blu-Ray	VHS	DV-CAM
Digital Cinema Package		Digital/Computer		Other:	