Player 1:

Company Name:

       Name: _____

       Handicap _____

       Telephone _____

       E-Mail _____

Player 2:

       Name: _____

       Handicap _____

       Telephone _____

       E-Mail _____

To register your team, complete and return this form together with cheque for $750.00 made payable to the Bahamas International Film Festival, only 40 teams are able to participate, so please reserve your space as soon as possible. For Inclement Weather tournament will be rescheduled.

Loads of great prizes: Airline Tickets; Resort Vacations; Dermalogica Skin Care Products; Bahama Divers Scuba lessons; Bahama Hand Print certificates and many more.

Should you not be able to attend and wish to make a contribution to the Bahamas International Film Festival please feel free to fill out the Friends Of The Festival Form attached. For further information, contact BIFF leslie@bintlfilmfest.com or 242 - 356-5939.

<u>**FRIENDS OF THE FESTIVAL FORM**</u>
<u>**December 6 - 9, 2012**</u>

ALL   **ACCESS**   **PASS**
$500.00

Reserved Seating at all Festival Venues, Entrance to All Premier and regular Screenings, Entrance to All Happy Hours, Admittance to Seminars, Master Classes and Panel Discussions, BIFF Gift Bag, Admittance to Filmmaker Guest Lounge at Host Hotel, VIP Entrance at All Events, Opening Night Gala Film, Opening Night Gala Reception, Closing Night Film, Closing Night Reception, Career Achievement Tribute Ceremony, Career Achievement Tribute Meet & Greet, Shining Star Tribute Ceremony, Awards Night Ceremony, Awards Night Party, General Festival Screenings Tickets, Recognition in Program confirmed by August, Advance notice of Film Festival Program and events

(email required), Access to Year round Film Series, One (1) Official Festival Program, One (1) Official Festival Poster.

FILM BUFF PASS
$150.00
Closing Night Film, Closing Night Reception,General Festival Screenings Tickets,Advance notice of Film Festival Program and events   (email required)

** All events are based on availability, RSVP is required. Membership Benefits are transferable.

Company Name:

        Name: _____

        Handicap _____

        Telephone _____

        E-Mail _____