

**MOTION PICTURE  
THEATRE  
ASSOCIATIONS  
OF CANADA**



**ASSOCIATIONS DES  
PROPRIETAIRES  
DE CINEMAS  
DU CANADA**

**MEMBER  
ORGANIZATIONS**

**ORGANISATIONS  
MEMBRES**

Atlantic Independent  
Theatre Exhibitors'  
Association

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Atlantic  
Motion Picture  
Theatre Exhibitors  
Association

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Associations des  
Propriétaires de  
Cinéma et de  
Ciné-parcs  
du Québec Inc.

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Motion Picture  
Theatres  
Association  
Of Ontario

•

Motion Picture  
Theatre  
Association  
Of Manitoba

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Motion Picture  
Theatre  
Association  
Of Saskatchewan

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Motion Picture  
Theatre  
Association  
Of Alberta

•

Motion Picture  
Theatre  
Association Of  
British Columbia

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**Anti-camcording Reward Program  
APPLICATION FORM**



*Please Answer All Questions Completely*

Date Form Completed: \_\_\_\_\_ Date Incident Occurred: \_\_\_\_\_

Name of Applicant (theatre employee): \_\_\_\_\_

Name of Theatre Manager Supporting this Application:  
\_\_\_\_\_

Name of Theatre Company: \_\_\_\_\_

**Theatre Location Where Incident Occurred:**

Name of Theatre \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name of Local Police Force Contacted: \_\_\_\_\_

Name of Police Officer(s) Assigned: \_\_\_\_\_

**INFORMATION REGARDING THE SUSPECT:**

Name: \_\_\_\_\_ Age (or estimate): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Physical Description: \_\_\_\_\_

\_\_\_\_\_

Was the recording stopped prior to the end of the movie? yes \_\_\_\_\_ no \_\_\_\_\_

Did you contact the MPAA Hotline to Report the Incident? yes \_\_\_\_\_ no \_\_\_\_\_

When \_\_\_\_\_ With Whom Did You Speak \_\_\_\_\_

Did the Suspect Give you the Recording? yes \_\_\_\_\_ no \_\_\_\_\_

If so, where is it now? \_\_\_\_\_

Please give a complete description of the incident: (add pages if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Theatre Manager