

MOTION PICTURE  
T H E A T R E  
A S S O C I A T I O N S  
O F C A N A D A



A S S O C I A T I O N S D E S  
P R O P R I E T A I R E S  
D E C I N E M A S  
D U C A N A D A

MEMBER  
ORGANIZATIONS

ORGANISATIONS  
MEMBRES

Atlantic Independent  
Theatre Exhibitors'  
Association

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Atlantic  
Motion Picture  
Theatre Exhibitors  
Association

•

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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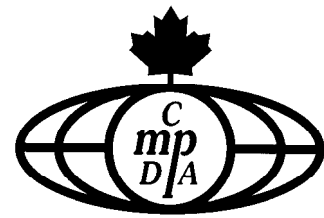
Motion Picture  
Theatre  
Association  
Of Alberta

•

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