

MINOR/STUDIO TEACHER CONFIRMATION

Complete this form and return it to the **Head of Production Administrator** (CA328), along with a copy of the minor's Work Permit from the Division of Labor Standards Enforcement.

Title of Production _____

Production Number _____

Producer _____

Director _____

Shooting Dates _____

Studio Teacher _____

Address _____

City and Zip _____

Phone _____

LIST ALL MINORS ON THE PRODUCTION – name, address, phone, parent/legal guardian. Use additional sheets if necessary. **PRINT CLEARLY.**

Name _____

Address _____

Phone _____

Parent/Legal Guardian _____

Name _____

Address _____

Phone _____

Parent/Legal Guardian _____