



## MINOR/STUDIO TEACHER CONFIRMATION

Complete this form and return it to the **Head of Production Administrator (CA118)**, 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 \_\_\_\_\_