

PROD. NUMBER	PRODUCTION TITLE

Name and age of minor:	
Describe proposed modification(s) to the Minor Labor Policy (be specific)	
Reason for the proposed modification(s)	

Understood and agreed by:

_____ PARENT OR LEGAL GUARDIAN'S NAME	_____ SIGNATURE	_____ PHONE	_____ DATE
_____ PRODUCER'S NAME	_____ SIGNATURE	_____ PHONE	_____ DATE

Approved by:

_____ FILM COORDINATOR	_____ SIGNATURE	_____ PHONE	_____ DATE
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