

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
------------------	-----------	-------	------