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VIDEO SCHOLARSHIP ACTOR RELEASE FORM

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Video Information:

Name of Video:_____

Scholarship Applicant ("Director") Name: _____

Talent Information:

Actor Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____

Signature_____ Date:_____

I hereby confirm this Actor Release Form on behalf of my child:

Parent Signature_____ Date:_____

www.SchultzMyers.com
999 Executive Parkway Dr. || Suite 205 || St. Louis, Missouri 63141
314.444.4444 (Phone) || 314.720.0744 (Fax)
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