

Date: MM/DD/YYYY Location: ANY
Department: ANY Photographer*: ANY

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1. FREDRICA JONES [Signature]
Name (please print) Signature

ANY
Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)
ANY

Quote

2. ~~_____~~ ~~_____~~
Name (please print) Signature

~~_____~~
Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)

~~Quote~~

3. ~~_____~~ ~~_____~~
Name (please print) Signature

~~_____~~
Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)

~~Quote~~

4. ~~_____~~ ~~_____~~
Name (please print) Signature

~~_____~~
Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)

~~Quote~~

PARENT / GUARDIAN PERMISSION (if under 18 years old)

Parent / Guardian Signature (if under 18 years old) Witness

Talent Name (please print) *Optional | MC-PUPQ (08/29/19)

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