

THEATRICAL PERMIT APPLICATION
In accordance with Code of Virginia § 40.1-102

Date(s) of Program _____

Name of Minor _____

Age _____ (years old) Date of Birth _____ Sex Male Female

Names of Parents: Mother _____ Telephone # _____

Father _____ Telephone # _____

Name of School Attending _____

Name of Performance _____

Name of Place of Performance (Venue) _____

Address _____

Please provide a brief description of the production, the Minor's involvement, and how the Minor's educational requirements will be fulfilled

Name of Manager or Agent of Minor Performer _____

Address _____

Phone Number: _____ Fax Number: _____

E-mail Address _____ Cell Number _____

Name signed _____ (seal) Date _____

Questions about this permit: (804) 371-0463

Fax form to: (804) 371-2324

THEATRICAL PERMIT APPROVAL

By: _____ Date: _____

Frank Dellinger, Hearing & Legal Services Officer, Virginia Department of Labor and Industry