

Theatrical Permit Application

In accordance with *Code of Virginia* § 40.1-102

This application must be filed at least five days before the date of any performance to which it pertains. Please plan accordingly.

Name of Minor: _____				Date of Birth: <input style="width: 100px;" type="text"/>	
				MM/DD/YYYY	
Street _____		City _____		State _____ Zip _____	
Name of School Attending: _____				Age: _____ years old	
				Sex: Male Female	
Parent/Guardian: _____		Street _____		City _____ State _____ Zip _____ Phone _____	
Mother _____		City _____		State _____ Zip _____ Phone _____	
Father _____		Street _____		City _____ State _____ Zip _____ Phone _____	
Name of Performance: _____					
Dates of Program: _____ to _____			Production Time: _____ AM/PM		
MM/DD/YYYY			MM/DD/YYYY		
			to _____ AM/PM		
Specific Location of Production: _____					
Location Name		Street Address		City State Zip	
*If production is to occur at multiple locations, please include an attachment listing the physical address of each location.					
Please provide a brief description of (1) the production, (2) the Minor's involvement, and (3) how the Minor's educational requirements will be fulfilled. If additional space is needed, please note so in this section and attach a separate sheet detailing the above information.					

<i>Note: Section 40.1-102 of the Code of Virginia requires that the production not be detrimental to the health or morals of the child and that the child's education not be neglected or hampered by his or her participation in such drama, play, performance, concert or entertainment.</i>					
Name of Production Company: _____					
Production Company Address: _____					
Street Address		City		State Zip	
Name of Production Manager: _____					
Phone _____		Fax _____		Email _____	
Production Manager's Signature: _____				(Seal) Date: _____	
Person Responsible for Minor During Production: _____					
				Phone _____ Email _____	
Person Responsible's Signature: _____				(Seal) Date: _____	
Name of Broadcaster: _____			Broadcast Dates: _____ to _____		
Potential for Syndication: Yes No		Projected Lifespan of Production: _____ years			
For Use by Notary Public					
City/County of _____ in the Commonwealth of Virginia					
On _____, _____ appeared before me and signed this					
(Date)		(Name of Parent)			
Theatrical Permit Application granting the named minor permission to participate in the named production.					
Notary: _____			Commission Expires: _____		
Parent's Signature: _____					

For Office Use Only:	
<input type="checkbox"/> Granted	<input type="checkbox"/> Denied
Signature: _____	
Date: _____	

Mail Form to:
Virginia Department of Labor and Industry
 Main Street Centre
 600 E. Main Street, Suite 207
 Richmond, Virginia 23219

email: [Frank.Dellinger](mailto:Frank.Dellinger@vdlr.com)
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