



**INFORMATION ABOUT:** \_\_\_\_\_ (To be completed by the School District.

Attach additional sheets, if necessary). NAME OF MINOR

**Note:** For performances or rehearsals given during school vacations, the school district is not required to complete the following:

School District where minor resides \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

School District address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Grade completed in school \_\_\_\_\_ Hours per week attending school \_\_\_\_\_

If child is presently tutored instead of attending school, give name of tutor \_\_\_\_\_

Tutor address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Is tutor a certified teacher?  Yes  No

Has the school of residence approved the subjects for tutoring?  Yes  No

Number of hours of tutoring per week \_\_\_\_\_

**SCHOOL OFFICIAL'S STATEMENT:** To the best of my knowledge and belief, the performances and rehearsals outlined will not interfere with the educational instruction or school progress of the pupil named on the front of this form. If the minor is being tutored, the official shall attest that the subjects being taught and the tutoring arrangements are approved.

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL OF SCHOOL ATTENDED  
OR ISSUING OFFICER OF DISTRICT

\_\_\_\_\_  
NAME OF SCHOOL

\_\_\_\_\_  
ADDRESS OF SCHOOL

**INFORMATION ABOUT THE EMPLOYMENT:** (To be completed by the employer. Attach additional sheets, if necessary).

Production company name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Production company address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Name of production \_\_\_\_\_

Type of production \_\_\_\_\_ Type of performance by minor \_\_\_\_\_

Rehearsal date(s) \_\_\_\_\_

Performance date(s) \_\_\_\_\_ No. of performances per day \_\_\_\_\_ Per week \_\_\_\_\_

Maximum combined rehearsal and performance time per day \_\_\_\_\_ Per week \_\_\_\_\_

Hours at which minor reports for performances \_\_\_\_\_

Describe minor's performance \_\_\_\_\_

\_\_\_\_\_  
Duration of time of minor's performance \_\_\_\_\_

Provide all specific location (addresses), dates, times of all filming, performances and rehearsals.

\_\_\_\_\_  
Will alcoholic beverages be dispensed to the patrons during the performance?  Yes  No

Will employer provide education to the minor?  Yes  No

If yes, number of minors being educated: \_\_\_\_\_

Will minor or any other individual associated with production be paid for performing?  Yes  No

If yes, amount by week \$ \_\_\_\_\_ by performance \$ \_\_\_\_\_

Will there be any remuneration other than money?  Yes  No

If yes, please describe:

If minor is performing away from his/her home community, who is responsible for:

Transportation? \_\_\_\_\_ Meals and lodging? \_\_\_\_\_ Education? \_\_\_\_\_

Was this minor engaged in this performance in other states?  Yes  No

If yes, list states whether permit was obtained or not:

The following questions apply only to professional acrobatic performances:

1. Is the performance a part of a nationally recognized or internationally recognized circus?  Yes  No
2. Are there appropriately trained medical professionals on site during all performance times?  Yes  No
3. Did the minor have a physician's statement of health issued within the previous 12 months?  Yes  No
4. Will there be a professional teacher available to the minor throughout the performance?  Yes  No
5. Will the minor's performance involve a high-wire or trapeze act?  Yes  No

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**STATEMENT OF EMPLOYER:** In applying for the Special Performance Permit, I certify that, to the best of my knowledge and belief, all statements above are true and accurate. I understand that false statements are subject to 18 Pa. §4904 (relating to penalties for unsworn falsifications).

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SIGNATURE OF EMPLOYER

DATE

**Note:** If Special Performance Permit is to be mailed to someone other than the employer named, mail to:

Name \_\_\_\_\_

Address \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE