

Parent or quardian's Signature

One Lincoln Plaza New York, NY 10023 USA tel 212 595 3456 www.sesameworkshop.org

Please complete, sign, scan, and email this release with your video. *Typed or electronic signatures can not be accepted.*

By submitting my child's video and this release, I understand that this video is for audition purposes only. Submitting a video does not guarantee that a child will be chosen to appear on Sesame Street. The below information is correct. If chosen, I will obtain the necessary Child Performer Labor Permit required by my state and an UTMA, UGMA, or COOGAN trust account as required.

Sesame Workshop will not use or share the child's image or contact information for any purpose other than audition purposes.

Child's legal name:						
Child's Date of Birth:	_Child's Age:	Child's Gender:				
Child's School:		Child's Grade:				
Parent's name:						
Parent's email address:						
	Cell #:					
Home Address: City, State and Zip						
Please list your child's special skills, hobbies, interests:						
Please list any conflicts for June 6, 20						

