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**Child's Name and Age**, if applicable, at time of video/photo: \_\_\_\_\_

Short description of videos/photos(caption): \_\_\_\_\_  
\_\_\_\_\_

**Signature (Parent):** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

Full Address: \_\_\_\_\_

Email or Phone (if preferred): \_\_\_\_\_ Date: \_\_\_\_\_

**Signature (Teacher):** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

Email or Phone (if preferred): \_\_\_\_\_ Date: \_\_\_\_\_

Videographer/photographer's name: \_\_\_\_\_

**Videographer's/photographer's signature:** \_\_\_\_\_

Email or Phone (if preferred): \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: Suzuki Association, PO Box 17310, Boulder, CO 80308 or FAX: 303.444.0984**