

# CLASS OF CASTING | PERMISSION FORM

**Company:** THE AMELIA PROJECT  
**Address:** 355 Fifth Ave. Ste. 305  
Pittsburgh, PA 15222

I, \_\_\_\_\_(name) give permission for my child \_\_\_\_\_(name) to submit to their information and audition tape for Class Of casting. I understand that submitting does not mean my child will be selected in the final documentary and that this submission is considered Round 1 of the audition process. The Amelia Project will be in touch if the child is selected for Round 2.

I have read and understand the above:

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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