



# Karie Okie Court

## Audience Release Form

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Program: Karie Okie Court

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Signature of Parent or Guardian if under 21 Years of Age