

*Salvatore Cincotta*

## Permission for Photography

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X \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

X \_\_\_\_\_  
IF MINOR, SIGNATURE OF PARENT/GUARDIAN

X \_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
WITNESS (Print Name)