



**SOROPTIMIST INTERNATIONAL
OF THE AMERICAN RIVER**



Best for Women

Media Consent Form

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NAME: _____

SIGNATURE: _____

IF THE ABOVE PERSON IS UNDER 18 YEARS OF AGE:

PARENT/GUARDIAN NAME: _____

SIGNATURE _____

ADDRESS: _____

CITY, STATE, ZIPCODE _____

PHONE: _____

EMAIL: _____

DATE: _____

WITNESS NAME: _____

SIGNATURE: _____

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