Children's Theatre of Knoxville
Critic Review

Critic (child) First Name:_____ Last Name: _____ Age:____

School: _____ Performance: _____ Date: ____/____/____

Parental Consent

I, the undersigned, as parent or legal guardian do hereby grant permission to Children's Theatre of Knoxville, to use the review written in part or whole by my child,_____ , first name, last initial, age and school. Such use includes the display, distribution, publication, transmission, or otherwise use of written material produced by my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Web site.

Parent/guardian signature_____ **Date** _____

Parent name please print: _____

Please make a copy of this form for your own records and mail the original to:

Children's Theatre of Knoxville
P. O. Box 3783
Knoxville, TN 37927

If you have questions, contact at : Zack Allen or Jenny Ballard at (865) 599-5284