

## USE OF MEDIA RELEASE

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OCEANSIDE COMMUNITY SERVICE TELEVISION CORP.
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I AND/OR MY CHILD, UNDER 18 YEARS OF AGE,

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		PARTICIPANT SIGNATURE	PARENT/GUARDIAN (FOR PARTICIPANTS UNDER 18)
		PHONE NUMBER	E-MAIL ADDRESS
		STREET ADDRESS	CITY/STATE/ZIP
FOR OFFICE USE ONLY			
PRODUCTION TITLE:			
SEGMENT TITLE:	DATE:		
PRODUCER NOTES:			

(PLEASE PRINT PARTICIPANT'S FULL NAME)