

**California Society Sons of the American Revolution Photo/Information Press Release SSN Request for Tax Reporting Purposes**

I hereby assign and grant to the Local Chapter and the California Society of the Sons of the American Revolution (CASSAR) the right and permission to use and publish the photographs, film, videotapes, electronic representations and/or sound recordings and information press release made of me or my child at all California Society of the American Revolution activities, and I hereby release the CASSAR, the Local Chapter, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity (including the National Society Sons of the American Revolution) from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs, film, videotapes, electronic representations and/or sound recordings without limitation at the discretion of the CASSAR/NSSAR and I specifically waive any right to any compensation for any of the foregoing.

The Social Security Number (SSN) is required for tax reporting purposes for potential cash awards over $600; this includes the Eagle Scout Scholarship, the JROTC Outstanding Cadet contest, the Knight Essay contest and the Rumbaugh Orations contest.

**Name of Recipient \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Signature

**SSN of Recipient (for potential cash awards over $600) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Contact Information Name\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address/City \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Home \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature (if recipient is under age 18)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: Local Chapters of the CASSAR shall complete this form at the time photographs/information is collected and/or awards presented. This form shall accompany the entry throughout the contest for which the award is being made. The SSN is not required where cash awards are not made or where cash awards do not exceed $600.