



Arkansas Department of Labor and Licensing
 900 West Capital Suite 400, Little Rock, AR 72201
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 Labor.arkansas.gov

ENTERTAINMENT APPLICATION FOR EMPLOYMENT OF A MINOR

Section 1. Statement of Parent (This statement must be completed by the parent or guardian, employer and minor if applicable)

I, the undersigned, hereby affirm that I am the _____ of _____,
 (Parent, Guardian or Custodian) (Minors name)
 now residing at _____ Arkansas, _____ and that
 (Street, City & County) (Zip Code)
 _____ was born in _____ on the _____
 (he/she) (City) (County) (State) (Date)
 of _____, _____, and is now _____ years of age.
 (Month) (Year)
 School last attended _____, _____, in _____.
 (Name of School) (Location) (Year)
 Child will be employed by The Great Passion Play PO Box 471, 72632 as
 (Give Name of Employer and Mailing Address)
actor/actress and I ask that an employment certificate be Issued to said child as provided by law.
 (Occupation of Minor)

 (Signature of Parent, Guardian or Custodian) (Date)

 (Signature of Child)

 (Address of Parent, Guardian or Custodian)

 (Telephone/Contact number)

Section 2. Intention to Employ Statement (This statement must be completed by the Employer) Date: 3/16/26

I, the undersigned intend to employ: _____ in the capacity of,
 (Name of Minor)
cast member/actor/actress for the time period of, 4/3/26 - 11/14/26
 (Specific Occupation) (Dates of Employment)
 at, The Great Passion Play for 1 - 2:30 hours per day beginning 8:00 a.m. and
 (Set Location where Minor will be present) (Hour, Week, Month)
 ending 9:00 p.m. The child's rate of pay will be \$11 per hour.
 or 10:20 pm
 Name of the employer representative designated to coordinate all matters relating to the child's welfare
 at the place of employment The Great Passion Play Description of work minor is to perform,
 including any athletic activity, stunts, or special effects involved: acting

I, Mallory Buller intend to employ the above-named minor immediately upon
 (Signature of Employer or Authorized Agent)
 receipt of an Entertainment Work Permit issued by the Arkansas Department of Labor and agree to comply
 with the provisions of Arkansas law and regulations and the federal Fair Labor Standards Act.

The Great Passion Play
 (Name of Business)

PO BOX 471 Eureka Springs, AR
 (Mailing address) 72632

Section 3. Attachments (All the following MUST accompany the application)

1. Proof of Age,
2. Doctor Statement or School Statement (depending on minors age)
3. Proof of Workers Compensation

DESIGNATION OF SPONSOR FOR A MINOR

I, the undersigned, hereby affirm that I am the _____ of minor child,
Parent, Guardian, Custodian

_____. I hereby designate
First Name Middle Name Last Name

_____ as an adult sponsor to accompany the
First Name Last Name

above named child while _____ is employed as a cast member of The Great Passion Play
He/She

in Eureka Springs, Arkansas, during the 2026 season.

***Note: If a parent puts his/her own name down as a sponsor, the child is not allowed to be in the cast rooms or perform without that parent present. Another adult is recommended for times when the parent cannot attend.**

Signature of Parent, Guardian, or Custodian

Street Address of Parent, Guardian, or Custodian

City

State

Zip Code

Phone Number of Parent, Guardian, or Custodian

Date