

THE STUDIO AND FORUM OF SCENIC ARTS

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PROOF OF VACCINATION STATEMENT

This form must accompany your application.

Name: _____

Date: _____

I have and can show proof that I have been appropriately vaccinated against Covid-19 (including booster shots) either with a Centers for Disease Control Vaccination Card or a New York State Excelsior Pass.

Signature: _____

Print Name: _____