

# THE FRIGHT FACTORY

[www.frightfactory.net](http://www.frightfactory.net)

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## APPLICATION FOR 2019 HAUNTED HOUSE SERVICE

NAME GENDER M / F  
ADDRESS CITY ZIP  
PHONE CELL  
EMAIL/FACEBOOK /INSTA:  
BIRTH DATE: AGE  
ALLERGIES/MEDICATIONS  
EMERGENCY CONTACT  
EMERGENCY PHONE#S  
HAVE YOU ACTED WITH US BEFORE? Y / N

### OTHER INFO

IS THIS YOUR SENIOR PROJECT? YES / NO

TEACHER'S NAME PHONE#

COMMUNITY SERVICE? Y/N

HAVE YOU EVER BEEN CONVICTED OF A FELONY Y / N

HAVE YOU BEEN CONVICTED OF A CRIME AGAINST A CHILD Y/N

IF YOU ARE UNDER 18 YEARS OLD -FILL OUT BELOW THIS LINE-  
PARENT/GUARDIAN

RELATIONSHIP

PHONE

\*\*Your Parent or Guardian will be contacted if not present  
when signed. If we are unable to reach them to verify, you  
will not be allowed to act/work until we make contact.\*\*