

THE FRIGHT FACTORY

www.frightfactory.net frightfactory@msn.com

APPLICATION FOR 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 -PARENT/GUARDIAN, PLEASE FILL OUT BELOW THIS LINE

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.