



# FREAKY FOBIC CASTLE OF FEAR



## Winnekenni Castle Halloween 2009 SCARE ACTOR / HAUNT VOLUNTEER

### APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

Email: \_\_\_\_\_

*Please select where you would like to work:* Indoor / Outdoor / Either (circle)

*Please select from below the position you are interested in:* (circle)

<i>Scare Actor/ Group Leader</i>	<i>Lead Scare Actor</i>	<i>Scare Actor</i>	<i>Haunt Volunteer</i>
Must be available on <u>all</u> nights, be willing and able to oversee a designated area and its acting group.	Must be available on <u>all</u> nights.	Must be available <u>most</u> nights	Volunteer your time when available

*Are you interested in:*

**Joining our SET-UP Crew?**

**Yes / No**

*(Construction, handyman work, tech support, painting/props, make-up /costume assistance or any other way you think you can help)*

**Joining our TEAR DOWN Crew?** Sun Nov 2<sup>nd</sup>-Thu Nov 6<sup>th</sup> (Hours TBA)

**Yes / No**

*Are you interested in helping with:*

**Family-Style Haunted Matinee-**

Sun Oct. 12<sup>th</sup> 12-3pm

**Yes / No**

**Children's Halloween Costume Party-**

Sun Oct 26<sup>th</sup> 12-3pm

**Yes / No**

~(over please)~

**Our Nights of Operation are** (Please circle days+nights available) :

Thursday	Friday	Saturday	Sunday
Rehearsal 10/1 <u>MANDATORY for ALL</u>	Grand opening 10/2	10/3	10/4
XXXXXXXXXX	10/90	10/10	10/11
XXXXXXXXXX	10/16	10/17	10/18-day 10/18-nite
XXXXXXXXXX	10/23	10/24	10/25-day 10/25-nite
XXXXXXXXXX	10/30	Grand Finale 10/31	

Last tickets are sold between 10-10:15pm We remain open until the last person has exited the attraction.

Unless otherwise pre-arranged you agree to work: **From 5pm-11:30pm on Friday and Sat. nights**

**From 5pm-10:30pm on all other nights** Please initial : X\_\_\_\_\_



**MEDICAL / EMERGENCY INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I have/had allergies to make-up or *other*: \_\_\_\_\_ Yes / No

I wear corrective lenses and/or have trouble seeing in the dark Yes / No

I have/had epilepsy that triggers from flashing lights Yes / No

Other injuries/Medical conditions that we should know about: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Contact(s): \_\_\_\_\_

**I have provided true/accurate information and I agree to follow the rules and directions set forth by the staff in charge. By signing this application I agree NOT to hold the City of Haverhill nor the Winnekenni Foundation responsible for any injury received or articles lost/damaged during my participation with this Haunted Castle Event / Related Events.**

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian signature if under 18years of age

**This event is presented by the Winnekenni Foundation Inc. a 501(C)(3) not-for-profit organization**

*Celebrating  
Our 41<sup>st</sup> Year!*



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