

# Actor Information Sheet

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

Any previous Acting or Haunted House Experience \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**All actors are requested to arrive 60 minutes prior to performance wearing black clothing.**

**I am willing to work at these locations \_\_\_ Parker & I-225 \_\_\_ 120th & I-25**

**Indicate with an X the dates on the calendar that you will be available to perform.**

**Performance times: Sun-Thurs 7pm-10pm, Fri & Sat 7pm-Midnight**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					