



Name _____ Date of Birth ____ / ____ / ____

Phone (_____) _____ - _____ Drivers License Number / State _____ / _____

Email _____ T-Shirt Size YL S M L XL XXL XXXL

Employer _____ Position _____

Please choose your preferred method of contact during the haunt season: TEXT EMAIL CALL

Non-Related Character References:

Name _____ Phone (_____) _____ - _____

Name _____ Phone (_____) _____ - _____

Did you attend the trails last year? If not, how did you hear about The Lost Hollowes?

How do you want to help? Please check *all* that interest you.

- Silent Actor Speaking Actor Trail Setup Trail Teardown
- Greeter Concession Stand Tickets Other

Do you have any skills or past experience that are relevant to your volunteer position?

Have you ever been convicted of a misdemeanor or felony? If so, please explain.

Please let us know which nights you would like to haunt by selecting the dates below. Once spots are chosen, we will send an official sign up form.

<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>
September 29	September 30	----X----	----X----	----X----
October 6	October 7	----X----	----X----	----X----
October 13	October 14	----X----	----X----	----X----
October 20	October 21	----X----	----X----	----X----
October 27	October 28	----X----	----X----	October 31 <i>Lights Out</i>

