

Actor Information Sheet

Name _____ Age _____

Address _____ SS# _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email Address _____

Emergency contact person _____ Phone _____

Previous Acting or Haunted House Experience _____

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

___ **13th Door & Slaughterhouse** ___ **25th Hour**

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
					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						