

SPIDER HILL ACTOR APPLICATION & SIGN-UP 2017

NAME: _____ PHONE: _____

Email: _____ Home Address: _____

Organization Volunteering for, if any: _____

Organization Contact Person and email or phone: _____

I Have Volunteered for Spider Hill Before (check one): Yes No.

If yes: How many years - _____; What did you do? _____

Please check all dates you can volunteer:

Fridays

- 10/6 /17
- 10/13 /17
- 10/20 /17
- 10/27/17

Saturdays

- 10/7/17
- 10/14/17
- 10/21/17
- 10/28/17

Please check all areas you are willing to volunteer:

- Haunted House Actor
- Walking Trail Actor
- Paintball Zombie
- Ticket sales
- Ticket Taker
- Maintenance
- Security
- Volunteer Room (check-in, check-out, costume control; food preparation; actor services throughout night)

Please specify any limitations that will prevent you from volunteering the requires hours (see Actor Rule) or working in any specific position or areas: _____

Please describe any special talents or skills that will be beneficial to Spider Hill: _____

We will try to place you in your preferred areas but, needs during the event may require you to volunteer in other areas. **WE LOOK FORWARD TO WORKING AND HAVING FUN WITH YOU!**

Please email to: info@threesisterspark.com or mail or deliver to: Three Sisters Park, 17189 N. Rt. 29, Chillicothe, IL 61521. For further information call 309-274-8837