



## HAUNTED HOUSE / GHOST WALK EVENT APPLICATION FORM

### Event Information

Address of Event: \_\_\_\_\_

Date of Setup: \_\_\_\_\_

Date of Teardown: \_\_\_\_\_

(Teardown shall be no later than 10 days after end of event)

Dates Open to Public: \_\_\_\_\_ through: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

### Responsible Party

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

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

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

### Other Information

**Description of special effects**, including sound, theatrical smoke, lighting (i.e., strobes) and all other effects:

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**Description of decorations** and/or wall coverings being used. Please provide documentation for the fire-retardant treated materials being proposed or provide a sample of the material for a flame test.

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**Provide the following information** in accordance with the Haunted House Standard:

1. Site Plan for the event
2. Complete Floor plan of event area
3. Emergency Evacuation Plan
4. Fire protection and detection systems (if applicable)

Signature: \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_