



2019 SEASON

EVENT STAFF APPLICATION

This Application Must Be Completed, Even If You Have Previously Worked with Boone Hall Fright Nights in Prior Years

**Please Print Clearly- This Address Will Be Used for Mailing Checks**

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

**Address:** \_\_\_\_\_

**City, State, & Zip:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Tel. #:** \_\_\_\_\_ **Alt. #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Tel. #.** \_\_\_\_\_

**Position Applying For (Select All That Apply):**

Acting  Technical Staff  Ticket/Retail Sales/Collection

**Have you previously worked for Boone Hall Fright Nights?**  Y  N

**Please indicate any special skills/talents/experience that relate to performing (i.e. acting, make-up, set-design, etc), which you feel may benefit your employment at Boone Hall Fright Nights.** \_\_\_\_\_

**Are you 18 years or older?**  Y  N

*(Positions for Individuals Under 18 are at Management's Discretion and Require Written Parental Consent)*

**Do you have any physical limitations that could prevent you from performing repetitive tasks, climbing on and off hayride trailers and/or frequently lifting 50+ lbs?**  Y  N

**If yes, please explain:** \_\_\_\_\_

*If I am to receive a seasonal position with Boone Hall Fright Nights, I hereby grant Live Productions, and all associated entities the right to use any article physically developed and/or created for Boone Hall Fright Nights, my performance, name, likeness, and/or voice for any purpose including advertising, publicity, sales, promotion, and/or institutional promotion of any product or service.*

*I acknowledge that positions associated with Boone Hall Fright Nights are contract labor positions based on nightly performances. Actors and event staff are contracted to perform their duties on select dates and are paid based on their timely attendance and completion of their assigned tasks.*

*I acknowledge that submission of this agreement does not guarantee a position with Boone Hall Fright Nights and is only applicable if I am contracted to work.*

*I acknowledge that Live Productions. may conduct thorough background checks on any actor or staff member to ensure the safety and comfort of all actors, staff, and guests in attendance at Boone Hall Fright Nights.*

*I acknowledge that I will be required to conduct an in-person audition and training at Boone Hall Farms on September 10, 2019 [4-7pm] OR September 14, 2019 [3-8pm]. Boone Hall Fright Nights Address: 2434 US-17, Mt Pleasant, SC 29466*

*I acknowledge that I will be **required** to participate in paid dress rehearsals on September 26, 2019 **AND** September 27, 2019 from 5:00pm – 10:30pm.*

*I acknowledge that I understand that checks will be distributed following the conclusion of the season and will be available for pickup on November 16, 2019 between 2:00pm and 5:00pm at the ticket booth(s). Any checks not picked up on this date will be mailed to the address on file.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If under 18 years of age, a parent or guardian's signature below is required. Your parent or guardian's signature acknowledges that they have read the terms of this application and give consent for your participation during the 2019 Boone Hall Fright Nights season.

**Parental Signature:** \_\_\_\_\_

**Parent Night Time Telephone #:** \_\_\_\_\_

**All Parental Signatures Will Be Verified**

Event Director Initial
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# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# EMERGENCY CONTACT FORM

Name \_\_\_\_\_

**Personal Contact Info:**

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Emergency Contact Info:**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

**Medical Contact Info:**

Doctor Name. \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergens, Prescriptions, etc.: \_\_\_\_\_

I have voluntarily provided the above contact information and authorize Boone Hall Fright Nights and its representatives to contact any of the above on my behalf in the event of an emergency.

I authorize Boone Hall Fright Nights to request emergency medical aid/transport on my behalf in the event of an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**RECEIPT OF HANDBOOK:**

By signing this page, I acknowledge that I have received and read my copy of the Actor and Event Staff Handbook for Boone Hall Fright Nights. I understand that it is my responsibility to read this handbook in full and direct any questions I may have to my supervisor or the event director.

I hereby grant Live Productions, Boone Hall Farms Inc. and all associated entities the right to use any article physically developed and/or created for Boone Hall Fright Nights, my performance, name, likeness, and/or voice for any purpose including advertising, publicity, sales, promotion, and/or institutional promotion of any product or service.

I also understand and agree that my contract for a position is at-will, which means either myself or Boone Hall Fright Nights/Live Productions may terminate this relationship at any time, for any reason or for no reason, with or without expressed cause or notice.

I understand that this handbook is not a contract, express or implied, guaranteeing employment for any specific duration. The only exception to the foregoing may be in the case of certain reinstated military veterans under the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994.

I understand that no supervisor, manager or representative of Live Productions, other than the owner, has the authority to enter into any agreement with me for employment for any specified period or to make any promises or commitments contrary to the foregoing. Furthermore, any employment agreement entered into by an owner shall not be enforceable unless it is in writing, notarized, and signed by both myself and the owner of Live Productions.

I understand that checks will be available following the conclusion of the operating season and may be picked up on November 16, 2019 from 2:00pm – 5:00pm at the ticket booth(s). Any discrepancies regarding checks must be brought to Live Productions' attention during check pick-up. Any checks not picked up will be mailed to the address on file.

**RELEASE, INDEMNIFICATION, & HOLD HARMLESS AGREEMENT:**

In consideration of participating in haunted house activities and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Live Productions, Boone Hall Farms, Inc., Boone Hall Plantation, Boone Hall Limited Partnership, and its owners, directors, officers, employees, agents, volunteers, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that haunted house activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to broken bones, bruises and other bodily injuries caused by falls or contact with vehicles/tractors, walls, objects or other participants; medical conditions resulting from physical activity; damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment and training, without jeopardizing the essential qualities of the activity.

2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

4. I represent that I have adequate insurance to cover any injury or damage I suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume-and bear the costs of-all risks that may be created, directly or indirectly, by any such condition.

5. In the event that I file a lawsuit, I agree to do so solely in the state where the Releasees' facility is located, and I further agree that the substantive law of that state shall apply.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my rights to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me, should I choose not to sign. I have read and understood this entire document and agree to be bound by its terms.

\_\_\_\_\_  
Actor/Staff Signature (or Name of Minor)

\_\_\_\_\_  
Parent/Guardian Signature (Under 18)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

**BOONE HALL**   
**FRIGHT NIGHTS**

**ACTOR & EVENT STAFF  
HANDBOOK**

REVISION DATE: JUNE 13, 2019

# WELCOME

Welcome to the Boone Hall Fright Nights family! You're now a part of the team that brings fear to thousands each Fall as a part of South Carolina's Largest Multi-Attraction Haunted Event. We hope that you will enjoy being a part of this experience and that your time spent with us will be rewarding.

Our team takes pride in operating a world-class seasonal attraction that pushes the boundaries of reality. The 2019 event features (4) individual attractions spread over several acres on the grounds of historic Boone Hall Plantation.

Guests visit Boone Hall Fright Nights with high expectations for scenic design, acting quality, and overall event experience. As such, we have developed guidelines to help our seasonal and special event personnel be successful in presenting an incredible experience to our guests.

Please take the time to familiarize yourself with this handbook and the policies and practices contained herein. If you have any questions, please don't hesitate to contact a supervisor with Boone Hall Fright Nights or Live Productions.

**Your application, receipt of handbook form, and W9 must be returned during an in-person audition on September 10, 2019 or September 14, 2019. All applicants must complete ONE safety and procedure training date in order to be scheduled as an actor or member of our event staff. For actors under 18 years of age, a parent signature is required on your behalf.**

## CONTRACT LABOR

Actors, Technical Staff, Sales, and Artist positions with Boone Hall Fright Nights events are contract labor positions. Actors and Staff are contracted to work specific dates/times and are compensated according to their job position. Dates and hours of operation are listed in this handbook. Positions at Boone Hall Fright Nights are contracted and paid by Live Productions.

## BACKGROUND CHECKS

To ensure a safe and comfortable event environment for actors, staff and guests alike, Live Productions reserves the right to conduct thorough background checks on any individual contracted to work as a part of the Boone Hall Fright Nights event. Anyone with concerns regarding background checks should contact the Event Director or immediately.

## ALCOHOL

The consumption of alcohol by actors, staff, or guests while on Boone Hall Farms property is **Strictly Prohibited** and grounds for immediate termination. Anyone suspected to be under the influence of alcohol before or during a contracted shift may be immediately terminated. Anyone who witnesses the consumption of alcohol by an actor, staff member, or guest during the operation of the event, should immediately report it to a supervisor, the Event Director, or Boone Hall Farms staff.

## DRUGS & CONTROLLED SUBSTANCES

The use and/or possession of illegal drugs while on Boone Hall Farms property is strictly prohibited. Anyone found to be under the influence of illegal drugs while on Boone Hall Farms property will be immediately terminated and may be trespassed. Live Productions, Boone Hall Farms, Inc. and their affiliates reserve the right to conduct random drug screening.

## SMOKING/TOBACCO

Boone Hall Fright Nights has been designated as a non-smoking event. Actors and staff are not permitted to utilize tobacco products (including oral tobacco) or electronic cigarettes/vaping devices on property. Smoking/Vaping/Tobacco products should be left in your personal vehicle. Failure to abide by this policy may result in termination.

## WEAPONS

Weapons of any kind are **not allowed** on Boone Hall Farms property. This restriction applies to actors, staff and guests, including those possessing valid concealed weapon permits.

## CELL PHONES/PERSONAL PROPERTY

Cell phone use while contracted to work is not permitted. Boone Hall Fright Nights recommends securing cell phones and valuables in a locked vehicle while working. **Live Productions, Boone Hall Farms and their affiliates are not responsible for theft, loss, or damage to cell phones or personal property at any time.**

## WRITTEN WARNINGS

Boone Hall Fright Nights utilizes a written warning system. Anyone issued a written warning will be required to read and sign it. Actors and staff will be afforded a space to write any comments related to the incident in question. A signed copy must be returned to management upon arrival for the next contracted shift. Failure to do so may result in termination. Any three written warnings constitute termination. An individual may be terminated prior to receiving three written warnings at management's discretion should the offense(s) warrant such action.

## CARE OF COSTUMES, SETS AND EQUIPMENT

Actors and Staff will be afforded the opportunity to work with a variety of specialty props, equipment, and high-quality costumes. You should treat any equipment issued to you with great care. Appropriate training on the use of any specialty equipment related to your job duties will be provided. Actors/Staff should ***immediately*** notify a supervisor if any prop, set, or animation requires maintenance. Under no circumstance should anyone attempt to fix any animation or conduct repairs to any set unless authorized to do so. Live Productions, Boone Hall Farms, Inc. and their affiliates reserve the right to hold an actor or staff member financially liable for any damage to costumes, props, set pieces, or equipment in their care. Management reserves the right to deduct any fees related to the above from your compensation. Actors and Staff are responsible for maintaining a workplace clean of trash and debris. Any trash generated during the event (water bottles, snacks, etc.) should be disposed of in a trash receptacle and should not be left in the attraction.

## ACTOR/GUEST CONDUCT

The nature of the event requires actors and staff to operate in tight spaces with limited lighting. No guest may physically touch or assault any member of our team. Likewise, no actor or staff member should intentionally touch or physically interact with any actor or guest. Actors are strictly instructed to keep a safe distance from guests experiencing the haunted attractions as demonstrated during actor training. Actors are restricted from any activities that are deemed unsafe by management. In dark, confined spaces, occasional, accidental physical contact may occur. **Any actor who feels a guest has deliberately attempted to contact or harm them should notify a supervisor immediately.** Any actor or staff member who witnesses a guest acting in an unsafe or destructive manner should immediately contact the event director or a supervisor, providing as much detail as possible about the individual in question. Inappropriate interactions (of any nature) among employees are strictly prohibited. **Profanity and/or vulgar language is strictly prohibited while on Boone Hall Farms property.**

## PHYSICAL REQUIREMENTS/INDEMNITY

Individuals should be aware of the requirements for working in a haunted attraction including extended periods of standing, pushing, lifting, and/or screaming, all in an outdoor environment on a working farm. Many positions require an individual to lift 50+ pounds, climb on and off of hayride wagons, and/or walk on an uneven/natural ground surface. Individuals should also be aware of the environment in which they are working and understand that some positions may require an employee to interact with nature. As an actor or staff member contracted to work at Boone Hall Fright Nights, you agree that you fully recognize the physical requirements for working in and around the haunted attractions and agree not to hold Live Productions, Boone Hall Farms, Inc. or their affiliates liable for damage to personal property, injury, or death while performing your duties at Boone Hall Fright Nights.



# HARASSMENT

Boone Hall Fright Nights believes each employee has the right to be free from any form of harassment based on race, gender, color, religion, sexual orientation, national origin, age, physical or mental ability, citizenship status, veteran status, genetic information, or any other characteristic covered by state or local law. We are dedicated to providing a work environment free from discrimination and harassment.

Prohibited behavior includes, but is not limited to, the following examples:

1. Unwelcome physical contact or comments
2. Sexually explicit language, printed or electronic materials, or gestures
3. Uninvited and unwanted sexual advances or favors
4. Offering or providing terms or conditions of employment, including the actor or staff member's compensation or advancement, in return for submitting to offensive or unwelcome conduct
5. Name-calling, negative stereotyping, slander or other derogatory communications
6. Any other words, conduct or action that demean, stigmatize, intimidate, or single out a person because of his or her sex, race, color, religion, national origin, age, disability or other legally protected status

## Complaint Procedure For Reporting Harassment, Discrimination, or Any Concern or Problem

Anyone who has experienced any job-related harassment or discrimination must promptly report the incident. The procedure is as follows:

Harassment of any kind should be brought to the Event Director's attention. Should you feel uncomfortable with discussing the harassment with the Event Director, should the harassment originate from the Event Director, or should you feel that the Event Director has not investigated the matter to your satisfaction, **contact the Boone Hall Farms CEO at the main plantation office at (843) 884-4371.**

The matter will be investigated and appropriate action will be taken. Your complaint will remain confidential to the fullest extent possible. If it is determined that an actor/staff member is guilty of harassing another individual(s), the offending individual will be disciplined, which may result in termination. If you feel that the situation is still not resolved, we urge you to take your complaint to the owner.

Boone Hall Fright Nights prohibits any form of retaliation against any actor or staff member for filing a bonafide complaint under this policy or for assisting in a complaint investigation.

## COMMUNICATION/CONFIDENTIALITY

Any inquiries related to the event experience, props etc. should be directed to the Event Director. Under no circumstance should any actor or staff member quote or reveal any “attraction secrets” to any customer. Actors and staff may not address inquiries personally or promote their own business ventures while on Boone Hall Farms property. **Contracted individuals should not represent Boone Hall Fright Nights in any business matter including on social media.** Actors and staff are prohibited from sharing any photos from within the attractions or behind the scenes on social media or any other public forum. **There will be no written warnings for violation of this rule.**

## PREPARING TO PERFORM

Actor positions require actors to remain in character for long periods of time. An actor in character represents Boone Hall Fright Nights and should always interact appropriately (in-character) with guests. Breaks should be conducted in the appropriate spaces and out of guest view. Under no circumstance should an actor “break character” during the execution of his/her duties.

Actors should arrive wearing all-black (including long pants). Dark colored closed-toe shoes are required. Costumes will be assigned nightly based on the actor’s assigned character/position. **Actors should arrive as early as 4:30pm and NO LATER THAN 6:00pm** to ensure ample time for costuming and makeup each night. Event staff should arrive wearing black pants or jeans (where appropriate), closed toe shoes, and their assigned Boone Hall Fright Nights Event Staff Shirt.

Makeup and Costuming staff will be available beginning at 4:30pm each evening of operation. Actors arriving after 6:00pm are subject to replacement as there will not be adequate time to prepare costuming and makeup for their character.

Actors and Staff should bring adequate water to remain hydrated during each night of operation. During the early-season temperatures may remain in the mid-80s in the evenings. Boone Hall Fright Nights is also a rain-or-shine event and attractions will operate in light rain so long as conditions remain safe. Actors and staff are encouraged to wear or bring appropriate clothing layers to wear under their assigned costume to prepare for heat, rain, or colder temperatures (later in the season). Boone Hall Fright Nights takes place on a working farm with natural wildlife including mosquitoes. Bug spray is recommended.

## COMPENSATION

Contracted actors/staff will be compensated for their work with Boone Hall Fright Nights. Event staff will be required to utilize a digital timeclock system positioned at the costume room to “clock in” and “clock out” each night. Failure to clock in/out may result in a forfeit of wages for the date in question. Hourly wages will be communicated individually based on position, experience, etc.

Actors will be paid primarily based on a flat-rate for the nights scheduled to work:

- \$40.00 for Training Night(s) & Dress Rehearsals
- \$40.00 per night for Weeknights,
- \$60.00 per night for Friday and Saturday Nights

Boone Hall Fright Nights employs the use of an incentive program where actors/staff may receive incentives (financial or otherwise) for exceptional performance, timeliness, etc.

Actors who arrive late or do not complete their full night’s performance are subject to replacement and may not be compensated for their attendance that evening.

**Checks will be available following the conclusion of the operating season and may be picked up on November 16, 2019 from 2:00pm – 5:00pm at the ticket booth(s). Any discrepancies regarding checks must be brought to Live Productions’ attention during check pick-up.**

## **IMPORTANT DATES/HOURS OF OPERATION**

**MANDATORY Safety Procedure Training Will Take Place on the Following Nights:**  
(Must Attend At Least One)

- **September 10, 2019 from 4:00pm – 7:00pm**
- **September 14, 2019 from 3:00pm – 8:00pm**

Boone Hall Fright Nights will be open the following dates:

- September 26, 2019 from 7:00pm – 10:00pm **DR**
- September 27, 2019 from 7:00pm – 10:00pm **DR** (Boone Hall Friends & Family/Press Preview)
- September 28, 2019 from 7:00pm – 12:00am
- October 4, 2019 from 7:00pm – 12:00am
- October 5, 2019 from 7:00pm – 12:00am
- October 6, 2019 from 7:00pm – 10:00pm
- October 10, 2019 from 7:00pm – 10:00pm
- October 11, 2019 from 7:00pm – 12:00am
- October 12, 2019 from 7:00pm – 12:00am
- October 13, 2019 from 7:00pm – 10:00pm
- October 17, 2019 from 7:00pm – 10:00pm
- October 18, 2019 from 7:00pm – 12:00am
- October 19, 2019 from 7:00pm – 12:00am
- October 20, 2019 from 7:00pm – 10:00pm
- October 24, 2019 from 7:00pm – 10:00pm
- October 25, 2019 from 7:00pm – 12:00am
- October 26, 2019 from 7:00pm – 12:00am
- October 27, 2019 from 7:00pm – 10:00pm
- October 31, 2019 from 7:00pm – 10:00pm
- November 1, 2019 from 7:00pm – 12:00am
- November 2, 2019 from 7:00pm – 12:00am

## **IMPORTANT CONTACT INFORMATION**

- Heather Casto- Actor Coordinator
  - [Actors@BooneHallFrightNights.com](mailto:Actors@BooneHallFrightNights.com)
  - (843)-628-8677
- Ryan Neal- Event Director, Live Productions
  - [Ryan@BooneHallFrightNights.com](mailto:Ryan@BooneHallFrightNights.com)
  - (843)-532-8165