**SeaWorld San Antonio**

**Entertainment**

**Costume Shop Questionnaire**

Please print legibly (no cursive). Please answer all questions as accurately as possible. Forms are confidential and only seen by the supervisor and costume shop teams. Having accurate information is necessary for our teams to be prepared for your fittings.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Circle One

(Please choose your preferred gender identity)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Non-Binary Female

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shoe Size: \_\_\_\_\_\_\_\_\_

Shirt Size: XS S M L XL 2XL 3XL

Pant Size: Male \_\_\_\_\_\_\_X\_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Waist X Inseam) (Size Number)

Please list any allergies/sensitivities pertaining to costumes or makeup:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Questions for Halloween Hiring**

Please answer each question by checking the “YES” or “NO” box below:

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
| ❑ | ❑ | Do you have any allergies/sensitivities to cream stick makeup? |
| ❑ | ❑ | Do you have any allergies/sensitivities to grease based makeup? |
| ❑ | ❑ | Do you have any allergies/sensitivities to alcohol based makeup? |
| ❑ | ❑ | Do you have any allergies/sensitivities to stage blood? |
| ❑ | ❑ | Do you have any allergies/sensitivities to latex products? |
| ❑ | ❑ | Do you have any allergies/sensitivities to metals? |
| ❑ | ❑ | Do you have any allergies/sensitivities to laundry products? |
| ❑ | ❑ | Do you have any allergies/sensitivities to specific fabrics? |
| ❑ | ❑ | Are you comfortable wearing prosthetic pieces? |
| ❑ | ❑ | Are you comfortable wearing a full face mask? |

Please list any additional concerns you may have pertaining to costumes or makeup:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_