



BROWN GRAND OPERA HOUSE, INC. PARANORMAL TOUR INFORMATION

Date of Contact: _____

Contact Name: _____ Phone # _____

From: _____ Number in party: _____

Will you be using the following during your tour:

Sound _____ Film _____ Pictures _____ (*No Drones Allowed.*)

Please note: We respect our ghosts and our community space. Any guests who choose not to respect it by provoking the spirits will be asked to leave immediately.

Date of Visit: _____ Staff Person for Visit: _____

Other Notes: _____

Check if Yes	Information	Fees
X	Group of 5 people for a 6 hour tour	\$400
	Number in group over 5; add on \$20/additional person	
X	Working fee for Brown Grand Staff	\$100

Total Amount Due: _____

Office Use Only:

Rental Fee Paid: Y / N Check # _____ or Cash