

In the Shadows PARANORMAL PROJECT

APPLICATION FORM

(Please note: all portions are required to be complete and are strictly confidential.)

Last Name		First Name	
Address			
City		State	Zip
Home Phone		Mobile Phone	
Email Address			
Country			
ICE Information (In case of Emergency) please contact:			
Last Name		First Name	
Home Phone		Mobile Phone	
Occupation? Can you be contacted at work?			
Are you currently affiliated with another research group? And if so, which one(s)?			
How did you find out about In the Shadows?			
Have you ever been convicted of a felony?			
Do you agree to attend at least 50% of the scheduled meetings?			
Do you agree to share ALL evidence collected on an investigation with the In the Shadows –Paranormal Project Team?			
List of any equipment you may already own?			
Do you agree to abide all laws of the City, County, State, and Country of which these investigations are held?			
Does In the Shadows Paranormal Project have your permission to publish your photograph when it relates to work done within the team whether on the web, or in publications?			

I acknowledge, and affix signature to, that I have completely examined everything listed herein and agree that all questions above have been answered to the best of my knowledge.

Signature _____ **Date** _____

Printed Name as signed in Signature _____



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