

## OPEN FLAME REQUEST FORM

Please submit a separate request for each use of Open Flame in a production

Production:

Team Leader:

Phone:

E-Mail:

Stage Manager:

Phone:

E-Mail:

Scene/Page:

Object to be Ignited (e.g., candle, cigarette, etc.):

How will it be Ignited (e.g., Bic lighter, match, etc.):

Will it be ignited onstage or offstage?

If ignited onstage, what soft goods/props are within 3 feet of the item while there is flame?

Who will ignite the item? Give a detailed description of the costume, including materials.

How will it be extinguished?

Crew Member who will have a direct line of sight the entire time the item is on fire

Name:

Phone:

E-Mail: