Virginia City's Living Legend
Docent Questioner

NAME: _____
Please Print First Last

ADDRESS _____
Street City/Town zip

PHONE NUMBERS: _____
Home Work Cellular

BEST TIME TO REACH YOU: _____
e-mail _____

PLEASE ANSWER TO THE BEST OF YOUR ABILITY

Do you have a historic Comstock character you would like to portray? _____
If so, please state the name of the individual: _____
_____

Have you researched this character? _____ If not, do you need help? _____
What do you know about this individual? (use additional page or pages as needed and attach)
_____
_____
_____

Do you have a photo of yourself dressed in your character _____
If not can you get one? _____

IF YOU DECIDE TO BECOME A DOCENT PLEASE FILL OUT THE FOLLOWING:

Do you give permission for the VCCTA to use your story and photo, or any other photo that may be taken in your character, for the use of the following?

- posted on Virginia City's Official Website & Tourism office _____
- Promotional flyers, brochures, mailers, and other marketing events? I.E. Photo opportunities, radio and television appearances? _____

Are you interested in participating in parades and other marketing events? I.E. Photo opportunities, radio and television appearances? _____

When is the best time for Docent meetings? (Check one or more)
Morning ___ Evenings ___ Weekdays ___ Weekends ____

PLEASE SIGN AND RETURN TO:
VCCTA Office: P.O. Box 920, Virginia City, NV 89440 or fax 775-847-7507

Initial one of the following, sign and date:
[ ] I give the VCCTA permission to use my story and my photo, while in character, for the use of marketing events and other opportunities. I give VCCTA permission to use my story and photo on the Virginia City's website and in the tourist office, for the purpose of promotion. All use of the fore-stated will belong to the VCCTA.

[ ] I wish to be a Virginia City Docent but do not want to participate in any media, website or other news events, but I do wish to participate in parades, street shows and local appearances.

Signed: _____ Date: _____