Virginia City's Living Legend
Docent Application

NAME _____
(Please Print Clearly) First Last

ADDRESS _____

Street City/Town Zip

PHONE NUMBER: _____

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? ❑ YES ❑ NO

BY SIGNING THIS DOCUMENT YOU AGREE TO THE FOLLOWING:

You give permission for the VCTC to use your story and photo, or any other photo that may be taken in your character, for the use of the following, but not limited to:

- Posted on Virginia City's Official Website, Facebook, other social media tools, and/or in the 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? ❑ YES ❑ NO

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

Initial, sign and date:

[ ] I understand the VCTC may use my story and/or my photo, while in character, for the use of marketing events and other opportunities. I also understand the VCTC may use my story and/or photo on Virginia City's website, Facebook, other social media tools, or in the tourism office, for the purpose of promotion. All use of the fore-stated will belong to the VCTC.

PLEASE SIGN AND RETURN TO:
Virginia City Tourism Commission
P.O. Box 920
Virginia City, NV 89440

FAX 775-847-7507

Signed: _____ Date: _____