
Historic Mission San Juan Capistrano Living History Society—Application Form

Date: _____

Name: _____ Phone Number: _____

Address: _____ Alt. Phone Number: _____

City: _____ State: _____ Zip: _____

Date of Birth, Month: _____ Day: _____ E-Mail: _____

Emergency Contact and phone: _____

I am a volunteer in the following organizations: _____

Character Portrayal: Our Mission spans a history of more than 230 years, this provides a rich source of time periods as well as characters. The Living History Society has been organized to assist new or current members with character development. If you need help in identifying a character or developing a character please advise us and we will provide help.

Character I wish to portray _____

Character's Contribution to history: _____

I need the following assistance: (Character development, period clothing, etc.) _____

I would like to give an artisan demonstration, explain: _____

I accept the annual membership fee of \$10.00 per person. I agree to be an active member in good standing of the Living History Society.

Dues Paid: _____

Signature of Applicant
