



Goodwill Theatre Inc.
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STORY CATCHER HISTORY FORM:

Project Name: **Goodwill Theatre and Endicott-Johnson Shoe Company**

Date: _____ Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

By signing the form below, I give my permission for any information obtained during this project to be used by researchers and the public for educational purposes including publications, exhibitions, World Wide Web, and presentations.

I agree to the uses of these materials described above, except for any restrictions, noted below.

Name (please print): _____

Signature: _____

Date: _____

Restriction description: _____

Do you have a story about the Goodwill Theatre? YES NO

When did this story take place? Month: _____ Day: _____ Year: _____

Did this story happen to you? YES NO To someone else? YES NO

If to someone else, who was it? Name: _____

Their relationship to you? (ie. Grandfather) _____

Please legibly print your story here: _____

*If more space is needed, please continue on back of sheet.

Do you have a story about the Endicott Johnson Shoe Company? YES NO

When did this story take place? Month: _____ Day: _____ Year: _____

Did this story happen to you? YES NO To someone else? YES NO

If to someone else, who was it? Name: _____

Their relationship to you? (ie. Grandfather) _____

Please legibly print your story here: _____

*If more space is needed, please continue on back of sheet.