



PLEASE LIST THE NAME OF YOUR TIME CAPSULE: PILGRIM'S FIRST LANDING PARK COMMITTEE

**TIME CAPSULES: QUESTIONNAIRE**

This questionnaire should, if possible, be completed by the individual(s) most directly concerned with the time capsule. Use additional pages if necessary to record details requested or any further information you wish to provide.

**A Note on Confidentiality:**

The details recorded on this questionnaire are meant to provide a permanent record for the future. Access can be as open or restricted as you specify. Except for the purpose of non-profit research by the International Time Capsule Society, recorded details will not normally be provided to outside bodies or individuals unless written permission is given in advance by the original supplier of the information.

Please PRINT or TYPE clearly

**1. Organization**

Full name of organization: PILGRIM'S 375TH ANNIVERSARY COMMITTEE.  
(FIRST LANDING PARK)  
Address: C/O SEAMAN'S SAVINGS BANK P.O. BOX 659  
Town/City: PROVINCETOWN  
State: MASSACHUSETTS Zip Code or Similar: 02657  
Country: UNITED STATES  
Telephone: (508) 487-0035 FAX: \_\_\_\_\_  
Telex: \_\_\_\_\_

**2. Relevant representative**

Family name: A. SZCZECH  
Given name: DALE RICHARD  
Ms./Miss/Mrs./Mr./other: MR.

Contact address, if different from that of organization:

Town/City: P.O. BOX 646 PROVINCETOWN  
State: MASSACHUSETTS Zip Code or Similar: 02657  
Country: UNITED STATES  
Telephone: (508) 487-1928 FAX: 487-6021 Telex: \_\_\_\_\_

**3. Purpose of Time Capsule**

Please indicate which of the following applies (you may choose more than one):

Commemoration (please state the event commemorated) 375th ANNIVERSARY OF THE LANDING OF THE PILGRIMS ON AMERICAN SOIL HERE IN PROVINCETOWN HARBOR.

Promotion, Publicity or Public Relations in the present (please give details, press cuttings with source and date) \_\_\_\_\_

Contribution to the Future (please state why this was thought necessary or desirable; for example, existing museums, libraries, etc. might be thought inadequate to give our descendants a true picture of the present) WE WISH TO GIVE A REPRESENTATIVE EXPRESSION OF WHO AND WHAT WE ARE AS A COMMUNITY TO OUR DESENDANTS 100 YEARS FROM NOW.

Self-expression by originator of the time capsule idea or by others involved in the project (give details) \_\_\_\_\_

Other factors not mentioned above \_\_\_\_\_

When would you like the capsule to be found, and by whom? 100 YEARS FROM NOW. THE CURRENT AND CURENT RESIDENTS OF PROVINCETOWN.

4. The Capsule

What was used as the container? TYPE 200 CONTAINER  
Material: STAINLESS STEEL WELDED CLOSED AND AIR TIGHT  
Dimensions: 10x10x14  
How was it sealed? WELDED CLOSED

What specific steps (if any) were taken to ensure its survival? PRESERVED AND SEALED BY FUTURE PACKAGING AND PRESERVATION CO OF COVINA, CALIFORNIA.

its discovery? IT IS BEING "BURIED" IN OUR FIRST LANDING PARK UNDER A BRONZ MARKER.

Origin or name of manufacturer of container: FUTURE PACKAGING

Address of manufacturer:

Town/City: 19834 SQUIRE DR. COVINA  
State: CALIFORNIA Zip Code or Similar: 91724-3457  
Country: UNITED STATES  
Telephone: (818) 966-1955 FAX: 915-0798 Telex: \_\_\_\_\_



Does the container bear on its outer surface a message or instructions to the future finder? NO

5. Place of Deposition

Individual's or organization's address where capsule was deposited:

Town/City: FIRST LANDING PARK, NEAR 1 COMMERCIAL ST.  
State: PROVINCETOWN, MASS Zip Code or Similar: 02657  
Country: UNITED STATES  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Telex: \_\_\_\_\_

Precise position of capsule in or near a building or other point of reference. **PLEASE COMPLETE THIS SECTION CAREFULLY. DRAW A MAP OR DIAGRAM IF NECESSARY.** If you do not wish to reveal the exact location of the capsule, please give the name and full address of the bank or other place where such details are kept. **REMEMBER: WHAT YOU RECORD HERE MAY BE THE ONLY AVAILABLE CLUE TO YOUR TIME CAPSULE FOR FUTURE FINDERS.**

IT WILL BE BURIED AT THE ROTARY AT THE BEGINNING OF COMMERCIAL STREET.  
THIS IS THE LOCATION OF THE FIRST LANDING PARK, WITHIN THE ROTARY PARK.  
IT IS IMMEDIATELY ADJACENT TO THE PROVINCETOWN INN, WHICH IS 1 COMMERCIAL ST.

RECORDS WILL BE KEPT AT TOWN HALL, 260 COMMERCIAL STREET, PROVINCETOWN MASS. 02657

Is the deposition location marked in some way (e.g., by means of a plaque unveiled at the time of deposit)? YES

6. Contents

Please list below **EVERYTHING** (from the important to the trivial, including both official and unofficial items) that was included in the time capsule. If you do not know or recall everything, list as much as possible. Use additional pages if necessary. Indicate, if you wish, those items regarded as especially significant by you or your organization (please specify which). Please also indicate if anything secret or otherwise undisclosed was included in the capsule, and include details if appropriate.

SEE ENCLOSED FORMS

Please provide full names and dates of newspapers or other published items included in the capsule; dates and denominations or coins; technical and content details of video, photographic, audio or electronic (e.g., computerized) material; and copies, if possible, of any statements or messages included.

It would be useful if you could give some reason for selecting the particular items or combination of items included, and also say exactly who made the decision(s).

Newspapers, magazines, books, or other published printed materials:

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Photographs, video, movie film, audio tapes:

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Coins, medals or tokens:

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Specially-produced messages or statements:

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Other items (please classify into groups if possible): \_\_\_\_\_

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7. Dates

When was the capsule sealed and deposited? THE END OF MAY 1996

If an opening date is specified, when will it be? 11-21-2095

Why did you or your organization specify/not specify an opening date?  
IT IS THE 475th ANNIVERSARY OF THE LANDING OF THE PILGRIMS ON OR NEAR THAT EXACT SPOT.

\_\_\_\_\_  
\_\_\_\_\_

Why was this particular date chosen? ANNIVERSARY DATE

\_\_\_\_\_  
\_\_\_\_\_

8. Consultant or adviser

Was a technical or public relations consultant/adviser used for this project? If so, please provide the individual's or company's name:

FUTURE PACKAGING. JANET REINHOLD

Address:

Town/City: 19834 SQUIRE DR COVINA

State: CALIFORNIA Zip Code or Similar: 91724-3457

Country: UNITED STATES

Telephone: (818) 966-1955 FAX: 786 6627 Telex: \_\_\_\_\_

Any other details you think might be relevant (e.g., how did you hear of the consultant?) \_\_\_\_\_

\_\_\_\_\_

Are you happy with the advice you received? Yes

If not, please state the grounds of your dissatisfaction. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Further contacts, future projects or ideas

Please give names and addresses of other people you think might be interested in time capsules or the work of the International Time Capsule Society. \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

We also would appreciate hearing about any other projects in this field, or ideas for the content, design, publicity or other aspects of time capsules. \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**\*\*WE WOULD APPRECIATE A BLACK AND WHITE PHOTOGRAPH OF YOUR TIME CAPSULE FOR OUR FILES, IF YOU ARE ABLE TO SEND ONE.\*\***

**PLEASE RETURN THIS REGISTRATION FORM TO:**

Professor Paul Hudson  
International Time Capsule Society  
Oglethorpe University  
4484 Peachtree Road NE  
Atlanta, GA 30319

**OR:**

Dr. Brian Durrans  
Deputy Keeper, Ethnology Department  
The British Museum  
Burlington Gardens  
London W1X 2EX  
ENGLAND