



The Quincy Community Circus
PO Box 409
Quincy, CA 95971



Quircus EPIC Program Educating Performers and Innovators in Circus 2023 - Cyr Wheel

Quircus Mission: To provide community enrichment through the circus arts.

Program Information

EPIC Mission: To educate a Plumas county resident in circus arts, and provide them with performance opportunities and skills training through Quircus, the Quincy Community Circus.

Physical Requirements: Quircus' cyr wheel is 6'5" in diameter. It is recommended for users who are between 5'5" and 6' in height.

If you don't meet these requirements but are interested in learning circus arts, please look for future opportunities with our EPIC program, or contact us at quircus@gmail.com or on facebook for other ways to get involved.

Participation Requirements: Strict attendance of classes is inherent to the EPIC program. Upon receiving the EPIC funds it is a requirement that the recipient participates in at least 2 performances (stage or ambient) within the Quircus organization within 12 months of beginning the program. Attendance of meetings and/or rehearsals related to the recipient's chosen performances will be mandatory during the time of EPIC endowment.

The EPIC program will provide the funds to attend classes. It is expected that any recipient be able to provide their own transportation to and from classes without compensation.



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Classes will be held Fridays from 6-7pm at Acro Enso in Reno, NV. The Quircus EPIC program will cover the costs of 10 classes in Reno for the recipient. In addition, the recipient will have access to the Quircus Cyr wheel in order to practice in Plumas county between classes.

Termination: Immediate termination of EPIC program funding to the recipient will be carried out in the event of any of the following.

1. Lack of attendance without specification and approval from a Quircus board member.
2. Behavior directly opposed to Quircus' mission and values. (i.e, hate speech, bullying, behavior that would depreciate, coerce others, or denounce Quircus; its members, or those within the human community in a negative or harmful way).

Applicant Information

First Name: _____ Last Name: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____@_____

Mailing Address: _____

If the applicant is under 18, provide the following information for parent or guardian.

First Name: _____ Last Name: _____

Relationship to Applicant : _____

Phone Number: _____

Welcome!

We appreciate your interest in taking a leap! Those are the kind of people we're looking for. What an exciting opportunity this is for you, for Quircus, and the community we live in! Don't be intimidated by the legal jargon. We are an expression organization working to create a safe space for everyone to have community; a place to be heard, and seen. The Cyr wheel is just the latest edition. How fun!

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Why are you interested in learning Cyr wheel? What made you decide to apply for this program? Are there other circus arts programs you are interested in attending?



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Previous experience is not required, but if you have some we'd love to know! Please describe any experience you have related to performing, circus, theater, community outreach, creative arts, or anything else that relates to the work Quircus does. Describe how your experience will help Quircus with its mission.

Please describe your goals and aspirations and how this scholarship would help you achieve them.



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Describe a time when you felt creative?

If you were a cloud what shape would you be?

Please Provide 2 References:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Additional comments you'd like to share:



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By signing below, the applicant indicates their interest in participating in the EPIC program, and their understanding of the limitations and requirements related to the program and to learning to use the cyr wheel.

Applicant Signature: _____ Date: _____

Applicant Print Name: _____

If applicant is under 18, parent or guardian fill out below

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

Once completed, this form can be submitted the following ways.

Email to
quircus@gmail.com

Mail to
Quircus EPIC
PO Box 409, Quincy CA 95971

Deliver to
Patti's Thunder Cafe
557 Lawrence St, Quincy CA 95971

Feather River Foods Coop (Quincy)
269 Main St, Quincy CA95971

Feather River Foods Co-op (Portola)
60 N Pine St, Portola 96122

The last day to submit applications is **March 31st**.
Recipients will be announced at the World Circus Day Festival on **April 15th**.

Happy Quirking!