

## CONDITION REPORT

Object info: Sister Antelope Headpiece and Hood from the opera Coyote Tales

Accession #: 2000\_CoyoteTales \_02

Date created: Winter 2001

Collection: *Coyote Tales*

Donor: N/A

Location: Oberlin Theatre Costume Department



### Dimensions (in):

Length: \_\_13\_\_

Width: \_\_9\_\_

Height: \_\_34\_\_

**Description:** To keep in touch with the anthropomorphic themes of *Coyote Tales*, the Sister Antelope's hood was designed to hide the actor's hair and ears to allow for a more seamless animal shape while still showcasing the actor's face. The headpiece, made from wire and leather, embodies the focal point of this animal—its horns. The colorful aspect of this costume was intended to stand out against a black backdrop, while also symbolizing the gray area between animal and man.

|  |                                       |   |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |
|--|---------------------------------------|---|---|-------------------------------------|----------------------------------|------------------------------------|-----------------------------------|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|--------------------------------|-----------------------------------|---------------|------------------------------------|---|--------------------------------|---|--|-------------------------------|--|--|--------------------------------------|------------------------------------|---------------------------------|------------------------------------|---------------------------------------|--|---------------------------------------|--|---|
| <p><b><u>Condition</u></b></p> <table border="0"> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Fold</td> <td><input type="checkbox"/> Previous repairs</td> </tr> <tr> <td><input type="checkbox"/> Accretions</td> <td><input type="checkbox"/> Fraying</td> <td><input type="checkbox"/> Shattered</td> </tr> <tr> <td><input type="checkbox"/> Creasing</td> <td><input type="checkbox"/> Hole</td> <td><input type="checkbox"/> Soot</td> </tr> <tr> <td><input type="checkbox"/> Crocking</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Stain</td> </tr> <tr> <td><input type="checkbox"/> Cut/tear</td> <td><b>Damage</b></td> <td><input type="checkbox"/> Stiffness</td> </tr> <tr> <td><input checked="" type="checkbox"/> Deterioration</td> <td><input type="checkbox"/> Label</td> <td><input type="checkbox"/> Unidirectional</td> </tr> <tr> <td><input type="checkbox"/> Discoloration</td> <td><input type="checkbox"/> Loss</td> <td><input type="checkbox"/> Unstable dyes</td> </tr> <tr> <td><input type="checkbox"/> Embrittlement</td> <td><input type="checkbox"/> Mold/mildew</td> <td><input type="checkbox"/> Weak seam</td> </tr> <tr> <td><input type="checkbox"/> Fading</td> <td><input type="checkbox"/> Oxidation</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Particulates</td> <td></td> </tr> </table> | <input type="checkbox"/> Abrasions    | <input type="checkbox"/> Fold             | <input type="checkbox"/> Previous repairs | <input type="checkbox"/> Accretions | <input type="checkbox"/> Fraying | <input type="checkbox"/> Shattered | <input type="checkbox"/> Creasing | <input type="checkbox"/> Hole | <input type="checkbox"/> Soot | <input type="checkbox"/> Crocking | <input type="checkbox"/> Insect | <input type="checkbox"/> Stain | <input type="checkbox"/> Cut/tear | <b>Damage</b> | <input type="checkbox"/> Stiffness | <input checked="" type="checkbox"/> Deterioration | <input type="checkbox"/> Label | <input type="checkbox"/> Unidirectional | <input type="checkbox"/> Discoloration | <input type="checkbox"/> Loss | <input type="checkbox"/> Unstable dyes | <input type="checkbox"/> Embrittlement | <input type="checkbox"/> Mold/mildew | <input type="checkbox"/> Weak seam | <input type="checkbox"/> Fading | <input type="checkbox"/> Oxidation | <input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> Particulates |  | <p><b><u>Remarks</u></b></p> <p>Some paint chips on the wire.</p> |
| <input type="checkbox"/> Abrasions   | <input type="checkbox"/> Fold         | <input type="checkbox"/> Previous repairs |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |
| <input type="checkbox"/> Accretions  | <input type="checkbox"/> Fraying      | <input type="checkbox"/> Shattered        |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |
| <input type="checkbox"/> Creasing  | <input type="checkbox"/> Hole         | <input type="checkbox"/> Soot             |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |
| <input type="checkbox"/> Crocking  | <input type="checkbox"/> Insect       | <input type="checkbox"/> Stain            |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |
| <input type="checkbox"/> Cut/tear  | <b>Damage</b>                         | <input type="checkbox"/> Stiffness        |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |
| <input checked="" type="checkbox"/> Deterioration  | <input type="checkbox"/> Label        | <input type="checkbox"/> Unidirectional   |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |
| <input type="checkbox"/> Discoloration   | <input type="checkbox"/> Loss         | <input type="checkbox"/> Unstable dyes    |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |
| <input type="checkbox"/> Embrittlement   | <input type="checkbox"/> Mold/mildew  | <input type="checkbox"/> Weak seam        |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |
| <input type="checkbox"/> Fading  | <input type="checkbox"/> Oxidation    | <input type="checkbox"/> Other: _____     |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |
|  | <input type="checkbox"/> Particulates |   |   |                                     |                                  |                                    |                                   |                               |                               |                                   |                                 |                                |                                   |               |                                    |   |                                |   |  |                               |  |  |                                      |                                    |                                 |                                    |                                       |  |                                       |  |   |

|  |   |  |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
|--|---|--|--------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|-------------------------------|----------------------------------|-------------------------------|----------------------------------|---------------------------------|---|--------------------------------|-----------------------------------|--------------------------------|--------------------------------|----------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|----------------------------------|--------------------------------|--------------------------------|------------------------------|----------------------------------|----------------------------------|-------------------------------|------------------------------------|--|---|
| <p><b><u>Materials</u></b></p> <table border="0"> <tr> <td><input type="checkbox"/> Acrylic</td> <td><input checked="" type="checkbox"/> Jersey</td> <td><input type="checkbox"/> Rayon</td> </tr> <tr> <td><input type="checkbox"/> Bamboo</td> <td><input type="checkbox"/> Kevlar</td> <td><input type="checkbox"/> Satin</td> </tr> <tr> <td><input type="checkbox"/> Canvas</td> <td><input type="checkbox"/> Knit</td> <td><input type="checkbox"/> Silk</td> </tr> <tr> <td><input type="checkbox"/> Chiffon</td> <td><input type="checkbox"/> Lace</td> <td><input type="checkbox"/> Spandex</td> </tr> <tr> <td><input type="checkbox"/> Cotton</td> <td><input checked="" type="checkbox"/> Leather</td> <td><input type="checkbox"/> Suede</td> </tr> <tr> <td><input type="checkbox"/> Corduroy</td> <td><input type="checkbox"/> Linen</td> <td><input type="checkbox"/> Tweed</td> </tr> <tr> <td><input type="checkbox"/> Crochet</td> <td><input type="checkbox"/> Metal</td> <td><input type="checkbox"/> Velvet</td> </tr> <tr> <td><input type="checkbox"/> Denim</td> <td><input type="checkbox"/> Muslin</td> <td><input type="checkbox"/> Wool</td> </tr> <tr> <td><input type="checkbox"/> Feather</td> <td><input type="checkbox"/> Nylon</td> <td><input type="checkbox"/> Woven</td> </tr> <tr> <td><input type="checkbox"/> Fur</td> <td><input type="checkbox"/> Plastic</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Hemp</td> <td><input type="checkbox"/> Polyester</td> <td><input checked="" type="checkbox"/> Other: _____</td> </tr> </table> | <input type="checkbox"/> Acrylic            | <input checked="" type="checkbox"/> Jersey       | <input type="checkbox"/> Rayon | <input type="checkbox"/> Bamboo | <input type="checkbox"/> Kevlar | <input type="checkbox"/> Satin | <input type="checkbox"/> Canvas | <input type="checkbox"/> Knit | <input type="checkbox"/> Silk | <input type="checkbox"/> Chiffon | <input type="checkbox"/> Lace | <input type="checkbox"/> Spandex | <input type="checkbox"/> Cotton | <input checked="" type="checkbox"/> Leather | <input type="checkbox"/> Suede | <input type="checkbox"/> Corduroy | <input type="checkbox"/> Linen | <input type="checkbox"/> Tweed | <input type="checkbox"/> Crochet | <input type="checkbox"/> Metal | <input type="checkbox"/> Velvet | <input type="checkbox"/> Denim | <input type="checkbox"/> Muslin | <input type="checkbox"/> Wool | <input type="checkbox"/> Feather | <input type="checkbox"/> Nylon | <input type="checkbox"/> Woven | <input type="checkbox"/> Fur | <input type="checkbox"/> Plastic | <input type="checkbox"/> Unknown | <input type="checkbox"/> Hemp | <input type="checkbox"/> Polyester | <input checked="" type="checkbox"/> Other: _____ | <p><b><u>Remarks</u></b></p> <p>Headpiece is also made from crafting wire and has fabric cord attached. Painted with spray paint.</p> |
| <input type="checkbox"/> Acrylic   | <input checked="" type="checkbox"/> Jersey  | <input type="checkbox"/> Rayon                   |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
| <input type="checkbox"/> Bamboo  | <input type="checkbox"/> Kevlar             | <input type="checkbox"/> Satin                   |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
| <input type="checkbox"/> Canvas  | <input type="checkbox"/> Knit               | <input type="checkbox"/> Silk                    |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
| <input type="checkbox"/> Chiffon   | <input type="checkbox"/> Lace               | <input type="checkbox"/> Spandex                 |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
| <input type="checkbox"/> Cotton  | <input checked="" type="checkbox"/> Leather | <input type="checkbox"/> Suede                   |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
| <input type="checkbox"/> Corduroy  | <input type="checkbox"/> Linen              | <input type="checkbox"/> Tweed                   |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
| <input type="checkbox"/> Crochet   | <input type="checkbox"/> Metal              | <input type="checkbox"/> Velvet                  |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
| <input type="checkbox"/> Denim   | <input type="checkbox"/> Muslin             | <input type="checkbox"/> Wool                    |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
| <input type="checkbox"/> Feather   | <input type="checkbox"/> Nylon              | <input type="checkbox"/> Woven                   |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
| <input type="checkbox"/> Fur   | <input type="checkbox"/> Plastic            | <input type="checkbox"/> Unknown                 |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |
| <input type="checkbox"/> Hemp  | <input type="checkbox"/> Polyester          | <input checked="" type="checkbox"/> Other: _____ |                                |                                 |                                 |                                |                                 |                               |                               |                                  |                               |                                  |                                 |   |                                |                                   |                                |                                |                                  |                                |                                 |                                |                                 |                               |                                  |                                |                                |                              |                                  |                                  |                               |                                    |  |   |

Oberlin College Theater Department, Oberlin College

|                              |                              |
|------------------------------|------------------------------|
| <p><b><u>Storage</u></b></p> | <p><b><u>Remarks</u></b></p> |
|------------------------------|------------------------------|

|   |   |
|---|---|
| <p><b><u>Digital Documentation:</u></b></p> <p><input checked="" type="checkbox"/> Photographs</p> <p><input type="checkbox"/> Scans</p> <p><input type="checkbox"/> Other: _____</p> | <p><b><u>Remarks</u></b></p> <p>2001_Coyote_Tales_Object_02_01 -<br/>2001_Coyote_Tales_Object_02_08</p> |
|---|---|

Examiner: Evangeline White

Date of Examination: 01/11/2023

**Exhibit History:**

**Post Exhibit Condition:**