

ASTRONOMICON 13 Masquerade Registration

| | | |
|---|---|---|
| Name: | Email: | Phone: |
| Young Fan [under 13] | Adults | All Entries |
| <input type="checkbox"/> Self-Made <input type="checkbox"/> Adult-Made | <input type="checkbox"/> Novice <input type="checkbox"/> Journeyman <input type="checkbox"/> Craftsman <input type="checkbox"/> Master | <input type="checkbox"/> Original <input type="checkbox"/> Re-Creation <input type="checkbox"/> Historical <input type="checkbox"/> Anime <input type="checkbox"/> Other Media |

Costume Title: _____

Costume Source: _____

Designer(s): _____

Made by (if not Designer(s)): _____

Number of Entrants: _____ **List ALL Entrant Names Below:**

Attach sheet with additional names if necessary. Include costume title and group coordinator's name at top of sheet.

I have: **Script** **Documentation**

Instructions to MC

- Read standard intro (Entry number, division and title)
- Read Intro (Entry number and division)
- Read Set-up (Info to be read before presentation starts)
- Read Script (Script to be read during Presentation)
- Be Part of Presentation (Requires active participation from MC)
- Read title after entry is over

Attach script or set-up on additional sheet. Include costume title and costumer's name (or group coordinator's name) at top of sheet.

If you want the MC to be part of the presentation, please give details:

| |
|--|
| Theme |
| <input type="checkbox"/> Science Fiction <input type="checkbox"/> Fantasy <input type="checkbox"/> Horror <input type="checkbox"/> Myth <input type="checkbox"/> Romantic <input type="checkbox"/> Humorous |
| Dominant Colors |
| <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Violet <input type="checkbox"/> Grey <input type="checkbox"/> White <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Flesh <input type="checkbox"/> Multi |

Masquerade Staff Only:
Entry Number:

ASTRONOMICON 13 Masquerade Release

Costume Title: _____

I/We have read and understood the rules of the Astronomicon Masquerade and agree to abide by them. Further, I/we agree to permit photography and/or videotaping and also agree to permit the use, sale, and/or dissemination of said photographs and/or videotapes subject to permission from the Astronomicon Committee. Further, I/we agree to hold the convention, its organizers, and the facility both severally and individually blameless for any accident and/or injury suffered by me/us during the course of this Masquerade except in cases of gross negligence on the part of those cited above.

Print name

Signature

Print name

Signature

Print name

Signature

Print name

Signature

If this is a group entry, we must have signatures from all entrants.
(Group members may sign different release forms; each form must have the costume title entered above.)

Date: _____

If entrant is a minor, parent or guardian must sign the release.

Contact Information

Contact Name: _____ Phone: _____

Mailing address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

E-mail: _____

Contact Info at convention

Hotel: _____ room number: _____

or Local Address: _____

Cell Phone or other contact number: _____