

# Philcon 71 Masquerade Registration

Print clearly. Please fill out all sections applicable to your costume.

Masquerade Staff Only:  
Entry Number:

Junior Costumers [under 13]	Adults	All Entries
<input type="checkbox"/> Self-Made	<input type="checkbox"/> Novice <input type="checkbox"/> Craftsman	<input type="checkbox"/> Original
<input type="checkbox"/> Adult-Made	<input type="checkbox"/> Journeyman <input type="checkbox"/> Master	<input type="checkbox"/> Re-Creation

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.

### Theme

- Science Fiction
- Anime
- Fantasy
- Horror
- Myth
- Beautiful
- 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  |

I have:  Tape/CD     Script     Documentation     Special Tech Needs  
(Re-Creation Costumes)      (Describe effect wanted below)

### Instructions to MC

- Read standard intro                      (Entry number, division and title)
- Read Intro                                      (Entry number and division)
- Read Set-up                                    (Info to be read in black out or 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 have a request for a special tech effect or want the MC to be part of the presentation, please give details:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Philcon 71 MASQUERADE

### Release

One completed and signed release must be provided for each member of an entry.

Entry Title: \_\_\_\_\_

I have read and understand the rules of the Philcon 71 Masquerade and agree to abide by all of them. Further, I agree to permit photography and/or video recording and also agree to permit the use, sale, and/or dissemination of said photographs and/or video recordings subject to permission from the Philcon 71 masquerade director or committee. Additionally, I agree to hold Philcon 71, its organizers, the Philadelphia Science Fiction Society, the facility, and all agents, assignees, and participants of Philcon 71, both severally and individually, blameless for any accident and/or injury suffered by me during the course of this Masquerade, except in cases of gross negligence on the part of those cited above.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Release for Minor (all entrants under the age of 18) [if applicable].

I, being the parent/legal guardian of \_\_\_\_\_ [name of minor], on behalf of said minor, have read and understand the rules of the Philcon 71 Masquerade and agree to abide by all of them. Further, I agree to permit photography and/or video recording and also agree to permit the use, sale, and/or dissemination of said photographs and/or video recordings subject to permission from the Philcon 71 masquerade director or committee. Additionally, I agree to hold Philcon 71, its organizers, the Philadelphia Science Fiction Society, the facility, and all agents, assignees, and participants of Philcon 71, both severally and individually, blameless for any accident and/or injury suffered by said minor during the course of this Masquerade, except in cases of gross negligence on the part of those cited above.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Legal guardian of \_\_\_\_\_

### CONTACT INFORMATION (please print clearly)

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal [ZIP] Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

### CONTACT INFORMATION DURING PHILCON 71

Hotel: \_\_\_\_\_ or local address: \_\_\_\_\_

Cell phone or other contact number: \_\_\_\_\_