



MASQUERADE REGISTRATION FORM

FOR STAFF USE ONLY
ENTRY NUMBER

Please complete ALL sections of the form. PLEASE PRINT CLEARLY. In addition, we must receive a completed release signed by all entrants or your entry will not be accepted.

ENTRY TITLE

NUMBER OF
ENTRANTS

DIVISION

Junior Novice Journeyman Master _____

CATEGORY

- Historical Interpretation
- Historical Dress
- Myths & Legends
- Ethnic Costume/Dress
- Ethnic Type

STAFF
USE
ONLY
REG

Designed by

Made by

Presented by

Source

Group Coordinator
(if applicable)

Name of Entrant(s)

List the names of ALL persons appearing on stage. Attach additional sheets if needed, including entry title and group coordinator's name at top of the sheet.

ERA

- Pre-500 CE
- 500-1000 CE
- 1001-1400 CE
- 1401-1600 CE
- 1601-1680 CE
- 1681-1720 CE
- 1721-1785 CE
- 1786-1815 CE
- 1816-1830 CE
- 1861-1880 CE
- 1881-1900 CE
- 1901-1910 CE
- 1911-1920 CE
- 1921-1940 CE
- 1941-1955 CE
- 1956-1970 CE
- 1971-1980 CE

"Costume-Con" is a registered service mark of Karen Dick and the estate of Kelly Turner and is used with permission.

PRESENTATION INFORMATION

Instructions to MC (check all that apply).

<input type="checkbox"/>	Read <u>standard</u> intro (entry number, division and title).	<input type="checkbox"/>	Read the title <u>after</u> the presentation ends.
<input type="checkbox"/>	Read <u>limited</u> intro (entry number and division only).	<input type="checkbox"/>	Read <u>script</u> (during the presentation). <small>See script here attached.</small>
<input type="checkbox"/>	Read <u>set-up</u> (info read during black-out or before presentation begins).	<input type="checkbox"/>	MC is part of the presentation (interacts with entrant). <i>Describe desired interaction on line below.</i>

DOMINANT COSTUME COLOUR

Choose no more than four.

- Black
- Red
- Yellow
- Blue
- Grey
- Gold
- Beige
- Brown
- Orange
- Green
- Purple
- White
- Silver
- Multiple

TECHNICAL INFORMATION

Instructions to Tech Crew and Stage Ninjas.

SOUND PROVIDED BY ENTRANT	<input type="checkbox"/> USB drive <input type="checkbox"/> CD <input type="checkbox"/> Printed script for MC <input type="checkbox"/> _____ <input type="checkbox"/> _____	LIGHT PROVIDED BY TECH	<input type="checkbox"/> Default staging and lighting <input type="checkbox"/> Special lighting request <i>Describe in detail. Attach extra sheet if needed.</i>
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BRIEF DESCRIPTION OF COSTUME

(Include social class, civil or military info, etc...)

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MASQUERADE RELEASE FORM

HISTORICAL MASQUERADE – SUNDAY APRIL 27th

FOR STAFF USE ONLY

ENTRY NUMBER

NAME OF ENTRY

ENTRANTS

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

of

GENERAL RELEASE

I have read and understand the rules of the Costume-Con 32 Historical 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 Costume-Con 32 historical masquerade director or committee. Additionally, I agree to hold Costume-Con 32, its organizers, the facility, and all agents, assignees, and participants of Costume-Con 32, both severally and individually, blameless for any accident and/or injury suffered by me during the course of this Historical Masquerade, except in cases of gross negligence on the part of those cited above.

PRINT NAME

SIGNATURE

DATE

RELEASE FOR MINOR (all entrants under 18 years of age) – [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 Costume-Con 32 Historical 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 Costume-Con 32 historical masquerade director or committee. Additionally, I agree to hold Costume-Con 32, its organizers, the facility, and all agents, assignees, and participants of Costume-Con 32, both severally and individually, blameless for any accident and/or injury suffered by me during the course of this Historical Masquerade, except in cases of gross negligence on the part of those cited above.

PRINT NAME

SIGNATURE

LEGAL GUARDIAN OF

DATE

CONTACT INFORMATION (please print clearly)

Contact Name _____ Phone _____

Street Address _____

City _____

Province/State _____ Postal/Zip Code _____ Country _____

E-Mail _____

CONTACT INFORMATION DURING COSTUME-CON 32

Hotel _____ Room _____ or Local Address _____

Cell phone or other contact number _____