

Chicon V Masquerade Entry Form

Name(s) of Entrant(s)

first is contact for the group

Mailing Address _____

City _____ **State** _____ **Zip** _____

Country _____

Day Phone _____

Evening Phone _____

Costume Title _____

Phonetic Pronunciation _____

Costume Source _____

Designer/Constructor _____

Other Credits & Info _____

Medical Information that we should be aware of:

- Blind
 Deaf
 Diabetic
 Epileptic
 Pregnant
 Other (list below)

Check one category

- Young Fan:
 self made
 adult made
 Not in Competition
 Novice
 Journeyman
 Master

Dominant Color of Costume (check one)

- Black
 Brown
 Red
 Orange
 Yellow
 Green
 Blue
 Violet
 White
 Gold
 Silver
 Flesh

Possible Categories (check all that apply)

- SF
 Alien
 Horror
 Fantasy
 Myth
 Humor
 Comics
 Beautiful
 Re-creation

Special Needs (check all that apply)

- Oversize Costume
 Limited Vision
 Limited Mobility
 Need Leaning Board
 Have own Helper(s)
 _____ (how many?)
 Documentation Attached for Re-creation Costume
 (optional, may be brought to Masquerade)
 Text for MC to read attached
 Taped Sound
 (text must be received before Aug 24, 1991)

Special Instructions for MC or Tech Crew:

Preferred Run -Through Time:
 9 am-noon
 1-4 pm (Friday, Aug 30, 1991)

I/We do agree to hold the convention, its organizers, and the facility blameless for any accident 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. I/We agree to permit photographs and/or video taping and to permit dissemination of said photographs and/or tapes for non commercial purposes.

Printed name and legal signature of each entrant; if entrant is a minor, parent or guardian must sign) Continue names and signatures on back

Return form to: Susan Baugh, Chicon V Masquerade 1903 Taffeta Dr. Louisville, KY 40272-4456 (502-937-1691)

