# 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** ____________________

**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:**

**Medical Information that we should be aware of:**

- [ ] Blind [ ] Deaf [ ] Diabetic
- [ ] Epileptic [ ] Pregnant [ ] Other (list below)

**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)
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