

Albacon 2010 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"/> Adult-Made	<input type="checkbox"/> Novice <input type="checkbox"/> Craftsman <input type="checkbox"/> Journeyman <input type="checkbox"/> Master	<input type="checkbox"/> Original <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	
<input type="checkbox"/> Science Fiction	
<input type="checkbox"/> Anime	
<input type="checkbox"/> Fantasy	
<input type="checkbox"/> Horror	
<input type="checkbox"/> Myth	
<input type="checkbox"/> Beautiful	
<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

I have: CD/MP3 Script Documentation (Re-Creation Costumes) Special Tech Needs (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:

Albacon 2008 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 Albacon 2010 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 Albacon 2010 masquerade director or committee. Additionally, I agree to hold Albacon 2010, its organizers, the Latham, Albany, Schenectady, Troy Science Fiction Association, Inc., the facility, and all agents, assignees, and participants of Albacon 2010, 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 Albacon 2010 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 Albacon 2010 masquerade director or committee. Additionally, I agree to hold Albacon 2010, its organizers, the Latham, Albany, Schenectady, Troy Science Fiction Association, Inc., the facility, and all agents, assignees, and participants of Albacon 2010, 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: _____ ZIP or Postal Code: _____ Country: _____

E-mail: _____

CONTACT INFORMATION DURING ALBACON 2010

Hotel Room: _____ or local address: _____

Cell phone or other contact number: _____