PHILCON 2024 Masquerade Registration

Name:	Email:	Phone:
Young Fan [under 13]	Adults	All Entries
☐ Self-Made ☐ Adult-Made	☐ Novice ☐ Journeyman ☐ Craftsman ☐ Master	☐ Original ☐ Re-Creation ☐ Historical ☐ Anime ☐ Other Media
Costume Title: Costume Source: Designer(s): Made by (if not Designer(s)):	Theme Science Fiction Fantasy Horror Myth Romantic Humorous	
	mes if necessary. Include costume title and p of sheet.	Dominant Colors Black Brown Red Orange Yellow Green Blue Violet Grey White Gold Silver Flesh Multi
have: USB Emailed A	(Required for Re-Creation Co	ostumes)
nstructions to MC	Performe	Pr:
□ Read Intro (I □ Read Set-up (I □ Read Script (I □ Be Part of Presentation (I □ Read title after entry is over	Entry number, division and title) Entry number and division) Info to be read in black out or before presentatio Script to be read during Presentation) Requires active participation from MC)	
Attach script or set-up on addition	al sheet. Include costume title and costumer's r	name (or group coordinator's name)

If you have a request for a special tech effect or want the MC to be part of the presentation, please give details:

Masquerade Staff Only:	
Entry Number:	

PHILCON 2024 Masquerade Release

Costume Title:				
I/We have read and understood the rules of the Philcon Masquerade and agree to abide by them. Further, I/we agree to permit photography and/or videotaping and also agree to permit the use, sale, and/or dissemination of said photographs and/or videotapes subject to permission from the Philadelphia Science Fiction Society/Philcon ("Convention"). Further, I/we agree to hold the Convention, its organizers, and the facility both severally and individually blameless for any accident and/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.				
Print name				
If this is a group entry, we must have signatures from all entrants. (Group if forms; each form must have the costume title entered above.)	members may sign different release			
If entrant is a minor, parent or guardian must sign the release.				
Contact Information				
Contact Name:	_ Phone:			
Mailing address:				
City:	_State/Province:			
Zip/Postal Code:E-mail:				
Hotel Room Number:				
Best Contact Method at the Convention:				

MASQUERADE TECH FORM

Costume Title:		Entrant #:	
Division: De	ominant Color:	# c	of people:
Contact person(s):		Cell Phone	#:
Preset in Blackout? ☐ Yes ☐ No USB? ☐ Yes ☐ No		Script? ☐ Yes ☐ No Emailed Audio? ☐ Yes ☐ No	
File Name:		_	
MC will read entrant number and divided And Costume Title ☐ at beginnin☐ or only at e☐ And a set-up (read before presentation)	g nd	☐ And a Script (read during (written/printed/recorded me ☐ And be part of presentati	edia)
Entrance instructions: Costumes will: ☐ Preset Props: ☐ Be present on stage. ☐ Enter as ☐ Enter as lights come up on cue:	s lights come up and	d starts	
☐ Enter in light on cue :			
Sound: Has NO Sound Starts a	after intro	☐ Starts on cue:	
Lights: ☐ Starts same time as sound/after int ☐ Fade up on a count of Colo ☐ Up on cue:	or?		
☐ Change on cue: During Presentation: Sound: ☐ Stop sound on cue:			
Lights: ☐ Change on cue:			
Exit instructions: Costumes will: □ Exit in blackout □ Exi □ Remove/Leave props behind?: □ Y	it in light Yes □ No	By who?:	
Sound ☐ Fade down when costumes exit			
Lights ☐ Stay on ☐ Fade out (to count) on ☐ Black out fast on cue:			

Workmanship Judging

This section to be completed by contestant:	
Entry#: Division:	□ Original <i>or</i> □ Recreation
Contestant Name(s):	
Entry Title:	
Parts to be Judged:	
Special Information for the Judge:	
This section to be completed by the judge:	
Parts Judged:	
Notes:	
Awards Presented (if any):	