

## MASQUERADE REGISTRATION FORM

Fill out all Sections applicable to your costume. Write neatly or electronically fill-in the blanks

### REGISTRATION FORM & SUBMISSION INSTRUCTIONS:

Before Keycon Opening on Friday:  
email completed forms to [masquerade@keycon.org](mailto:masquerade@keycon.org)

At Keycon on Friday or Saturday:  
hand-in completed paper copies at Registration.

**KEYCON MEMBERSHIP #**

### SECTION 1

<input type="checkbox"/> <b>Competitive Entry</b>  <input type="checkbox"/> <b>Exhibition Entry</b> (non-competitive)  <input type="checkbox"/> <b>Skit or Judged Presentation</b>	<p><b>STREAM</b></p> <input type="checkbox"/> Re-creation <input type="checkbox"/> Original Design	<p><b>JUDGE CRAFTPERSONSHIP</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>DIVISION GROUPINGS</b></p> <p><b>ADULTS:</b></p> <input type="checkbox"/> Novice Entrant <input type="checkbox"/> Journey-person Entrant <input type="checkbox"/> Master Entrant
	<p><b>CATEGORY</b></p> <input type="checkbox"/> Science Fiction <input type="checkbox"/> Fantasy <input type="checkbox"/> Historical <input type="checkbox"/> Steampunk <input type="checkbox"/> Humor <input type="checkbox"/> Anime <input type="checkbox"/> Other: _____		<p><b>JUNIORS:</b></p> <input type="checkbox"/> Junior Entrant (Adult crafted) <input type="checkbox"/> Junior Entrant (Junior crafted)

### SECTION 2

<p><b>TITLE OF COSTUME:</b> <small>What the costume is associated with: character name, skit title, concept idea, etc.</small></p>
<p><b>DESIGNER(S)/CREATOR(S):</b> <small>Designed, constructed and/or assembled the costume</small></p>
<p><b>SOURCE MATERIAL OF COSTUME:</b> <small>Movie, book, myth, anime/manga, comic book, picture/painting, joke or original idea</small></p>
<p><b>ON-STAGE PERFORMER(S):</b>    <input type="checkbox"/> SOLO    <input type="checkbox"/> GROUP    # OF PEOPLE _____</p> <p><b>PERFORMER(S) NAMES:</b> <small>Model/Actor's First and Last Name</small></p>
<p><b>COSTUME'S INTRODUCTION FOR STAGE:</b>    (OPTIONAL) If you wish the MC to read an introduction for your entry, please print or type your introduction in the space below.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p style="text-align: center;"><small>If you need more room, please attach a separate sheet.</small></p>

<b>STAFF ONLY</b>	<b>SOUND/LIGHT CUES</b>				
	# 1 _____	# 2 _____	# 3 _____	# 4 _____	# 5 _____

<b>STAFF ONLY</b>	<b>KEYCON YEAR</b>	<input type="text"/>
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<b>STAFF ONLY</b>	<b>ENTRY #</b>	<input type="text"/>
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### SECTION 3 – TECH REQUIREMENTS & SPECIAL NEEDS:

#### MARK ALL THAT APPLY

- Written Introduction for MC to Read Out  
(OPTIONAL) Please fill-in Page 1 **Costume's Introduction for Stage**  
or attach a separate sheet.
- CD/CD-R/MP3 with Order of Cues noted below  
(All music/sound must be dropped off before event - see below)
- Lighting Adjustment - Specify: \_\_\_\_\_
- Assistance is Required - Specify:
  - Wheelchair attendant
  - Limited Mobility Assistance
  - Reduced Vision Assistance
  - Reduced Hearing Assistance
  - Reduced Movement due to Costume – Assistance needed
  - Reduced Vision due to Costume – Assistance needed
  - Other: \_\_\_\_\_

**NOTE THAT KEYCON CANNOT  
GUARANTEE EQUIPMENT FOR  
LIGHTING, SOUND SYSTEMS,  
AND/OR AUDIO PLAYBACK**

#### ORDER OF CUES:

# 1 \_\_\_\_\_ # 2 \_\_\_\_\_ # 3 \_\_\_\_\_ # 4 \_\_\_\_\_ # 5 \_\_\_\_\_

### PLEASE READ THE FOLLOWING:

If you want sound during your presentation, all audio tracks/music must be supplied by the participants. No music will be supplied by Keycon for this event.

To provide your music, please submit digital audio files to [Masquerade@keycon.org](mailto:Masquerade@keycon.org) **before** May 15<sup>th</sup> or provide a physical media copy at con **before 1:00 PM** on **Saturday** at Registration or with the Masquerade Director.

To have your CD/CD-R device returned to you, please label your CD or case with:

**FIRST & LAST NAME • KEYCON MEMBERSHIP # • PHONE NUMBER**

*Due to the nature of electronic equipment, we cannot guarantee that your music/sound effects/tracks/lighting will be available.*

**PLEASE BE PREPARED TO PERFORM WITHOUT SOUND.**

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### SECTION 4 – WAIVER/MEDIA RELEASE AGREEMENT - PLEASE READ BELOW

I/We; the below named and in the case of minors – adult guardian, have read the Rules for participating in the Keycon Masquerade (Extravaganza) event as located on the website Keycon.org and have a written copy of said Rules which were included in documents that I/we received when getting my/our Membership Badge(s) from Registration personel upon entry into the con. I/We hereby acknowledge that I/we have read the Rules for participating in this event and agree to adhere to the Code of Conduct, Rules of the Masquerade, Judge(s)'s ruling(s) and will not hold Keycon, organizers, volunteers or facility responsible for my personal property, injury or loss except in the case of gross negligence on the part of those cited above. I/We understand and agree that photographs/video/digital media image capture might be taken and that the aforementioned media may be used in current/future Keycon promotions, publications, internet webpages and social media site(s).

**DIVISION ENTERED:**      **ADULTS:**    Novice Entrant     Journey-person Entrant     Master Entrant  
**JUNIORS:**    Junior Entrant (Adult crafted)     Junior Entrant (Junior crafted)

**ON-STAGE PERFORMER(S):**     Solo (adult)       Solo (minor)      For Groups: # of Performers: \_\_\_\_\_  
 Group (adults)     Group (minors)     Group (mixed)

**TITLE OF COSTUME:** \_\_\_\_\_  
PLEASE PRINT

**DESIGNER/CREATOR:** \_\_\_\_\_  
PLEASE PRINT – PRIMARY CONTACT/LEAD – FIRST & LAST NAME      KEYCON MEMBERSHIP NUMBER

MAILING ADDRESS – UNIT # STREET NAME      CITY/TOWN , PROVINCE/STATE      (COUNTRY)      POSTAL CODE/ZIP CODE  
 EMAIL ADDRESS      PHONE/CELL NUMBER

**STAGE PERFORMER:** \_\_\_\_\_  
PLEASE PRINT – PRIMARY CONTACT/LEAD – FIRST & LAST NAME      KEYCON MEMBERSHIP NUMBER

MAILING ADDRESS – UNIT # STREET NAME      CITY/TOWN , PROVINCE/STATE      (COUNTRY)      POSTAL CODE/ZIP CODE  
 EMAIL ADDRESS      PHONE/CELL NUMBER

**SIGNATURES:** \_\_\_\_\_  
SIGNATURE – DESIGNER/CREATOR – FIRST & LAST NAME      DATE OF SIGNATURE – MONTH/DAY/YEAR

\_\_\_\_\_      \_\_\_\_\_  
SIGNATURE – STAGE PERFORMER – FIRST & LAST NAME      DATE OF SIGNATURE – MONTH/DAY/YEAR

**SEE PAGE 4 FOR ADDITIONAL SPACES • ALL PARTICIPANTS SIGNATURES REQUIRED  
 GUARDIAN(S) SIGN ON PAGE 4**

<b>STAFF ONLY KEYCON YEAR</b>	<input type="text"/>	<b>STAFF ONLY ENTRY #</b>	<input type="text"/>
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### SECTION 4 – WAIVER/MEDIA RELEASE AGREEMENT - CONTINUED

**TITLE OF COSTUME:** \_\_\_\_\_

PLEASE PRINT

**DESIGNER/CREATOR #2:** \_\_\_\_\_

PLEASE PRINT – CO-DESIGNER/CO-CREATOR – FIRST & LAST NAME

KEYCON MEMBERSHIP NUMBER

EMAIL ADDRESS

PHONE/CELL NUMBER

**DESIGNER/CREATOR #3:** \_\_\_\_\_

PLEASE PRINT – CO-DESIGNER/CO-CREATOR – FIRST & LAST NAME

KEYCON MEMBERSHIP NUMBER

EMAIL ADDRESS

PHONE/CELL NUMBER

**ON-STAGE PERFORMER(S):**  Group (adults)     Group (minors)     Group (mixed)    # of Performers: \_\_\_\_\_

**STAGE PERFORMER #2:** \_\_\_\_\_

PLEASE PRINT – STAGE PERFORMER #2 – FIRST & LAST NAME

KEYCON MEMBERSHIP NUMBER

**STAGE PERFORMER #3:** \_\_\_\_\_

PLEASE PRINT – STAGE PERFORMER #3 – FIRST & LAST NAME

KEYCON MEMBERSHIP NUMBER

**STAGE PERFORMER #4:** \_\_\_\_\_

PLEASE PRINT – STAGE PERFORMER #4 – FIRST & LAST NAME

KEYCON MEMBERSHIP NUMBER

**SIGNATURES:**

\_\_\_\_\_  
SIGNATURE – DESIGNER/CREATOR #2 – FIRST & LAST NAME

\_\_\_\_\_  
DATE OF SIGNATURE – MONTH/DAY/YEAR

\_\_\_\_\_  
SIGNATURE – DESIGNER/CREATOR #3 – FIRST & LAST NAME

\_\_\_\_\_  
DATE OF SIGNATURE – MONTH/DAY/YEAR

\_\_\_\_\_  
SIGNATURE – STAGE PERFORMER #2 – FIRST & LAST NAME

\_\_\_\_\_  
DATE OF SIGNATURE – MONTH/DAY/YEAR

\_\_\_\_\_  
SIGNATURE – STAGE PERFORMER #3 – FIRST & LAST NAME

\_\_\_\_\_  
DATE OF SIGNATURE – MONTH/DAY/YEAR

\_\_\_\_\_  
SIGNATURE – STAGE PERFORMER #4 – FIRST & LAST NAME

\_\_\_\_\_  
DATE OF SIGNATURE – MONTH/DAY/YEAR

**GUARDIAN SIGNATURE:**

\_\_\_\_\_  
PLEASE PRINT – MINOR PARTICIPANT #1 – FIRST & LAST NAME

\_\_\_\_\_  
PLEASE PRINT – GUARDIAN FOR MINOR #1 – FIRST & LAST NAME

\_\_\_\_\_  
SIGNATURE OF GUARDIAN FOR MINOR #1 – FIRST & LAST NAME

\_\_\_\_\_  
PLEASE PRINT – MINOR PARTICIPANT #1 – FIRST & LAST NAME

\_\_\_\_\_  
PLEASE PRINT – GUARDIAN FOR MINOR #1 – FIRST & LAST NAME

\_\_\_\_\_  
SIGNATURE OF GUARDIAN FOR MINOR #1 – FIRST & LAST NAME

**REPRINT THIS PAGE TO MEET REQUIREMENT  
FOR ALL PARTICIPANT SIGNATURES**