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# Costume Con 27 Membership Registration

**Legal Name of Member(s):** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Provence** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Country** (if not US) \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_(\_\_\_\_\_)\_\_\_\_\_

**Name for Con Badge:** \_\_\_\_\_

\_\_\_ Full Con @ \$100.00 = \$\_\_\_\_\_ Cash \_\_\_ Check \_\_\_ Credit card \_\_\_ M/C or Visa only

\_\_\_ Friday @ \$ 45.00 = \$\_\_\_\_\_

\_\_\_ Saturday @ \$ 45.00 = \$\_\_\_\_\_ Sat Evening @ \$10.00 \_\_\_\_\_

\_\_\_ Sunday @ \$45.00 = \$\_\_\_\_\_ Sun Evening @ \$10.00 \_\_\_\_\_

\_\_\_ Child (<14) Full @ \$40.00 \_\_\_\_\_ Child Evening @ \$10.00 \_\_\_\_\_

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**CC-27 MEMBERSHIP RECEIPT**

**Received From:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Number of Memberships:** \_\_\_\_\_ Adult \_\_\_\_\_ Child (<14) \_\_\_\_\_

Date \_\_\_\_\_

Receipt Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Selling Membership