

Historical Masquerade Entry Form

(Print & Mail in for Pre-Registration)

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| Costume-Con 27 Historical Masquerade Please complete ALL sections of the form. PLEASE PRINT CLEARLY. In addition, we must receive a completed release signed by all entrants or your entry will not be accepted | Masquerade Staff only: Entry No: _____ |
| DIVISIONS <input type="checkbox"/> Junior (13 and under) <input type="checkbox"/> Novice <input type="checkbox"/> Journeyman <input type="checkbox"/> Master | ENTRY CATEGORY <input type="checkbox"/> Historical Interpretation <input type="checkbox"/> Historical Dress <input type="checkbox"/> Ethnic Costume/Dress <input type="checkbox"/> Works of Art |
| ENTRANT INFORMATION Number of entrants: _____ Entry Title: _____ Designer(s): _____ Made by: _____ Presented by: _____ Source: _____ Group Coordinator (if applicable): _____ Entrant Names*: _____ _____ _____ *List the names of ALL persons appearing on stage. Attach additional sheets if needed, including entry title and group coordinator's name at top of the sheet. | ENTRY TYPE/ERA Ethnic Type: _____ Era: <input type="checkbox"/> Pre-500 CE <input type="checkbox"/> 500-1000 CE <input type="checkbox"/> 1000-1400 CE <input type="checkbox"/> 1400-1600 CE <input type="checkbox"/> 1600-1680 CE <input type="checkbox"/> 1680-1720 CE <input type="checkbox"/> 1720-1785 CE <input type="checkbox"/> 1785-1815 CE <input type="checkbox"/> 1815-1830 CE <input type="checkbox"/> 1830-1845 CE <input type="checkbox"/> 1845-1860 CE <input type="checkbox"/> 1860-1880 CE <input type="checkbox"/> 1880-1900 CE <input type="checkbox"/> 1900-1910 CE <input type="checkbox"/> 1910-1920 CE <input type="checkbox"/> 1920-1940 CE <input type="checkbox"/> 1940-1959 CE |

TECH INFORMATION

Sound. Entrant Providing (check all that apply):

- Tape
- CD
- MC Script

Lighting.

- Default staging and lighting
- Special lighting request* _____

*Describe in detail. Attach additional sheet if needed

DOMINANT COLORS

(Choose no more than four)

- Black
- Red
- Yellow
- Blue
- Grey
- Gold
- Beige
- Brown
- Orange
- Green
- Purple
- White
- Silver
- Multi

PRESENTATION INFORMATION

Instructions to MC (check all that apply)

- Read standard intro (entry number, division, title) or
- Read limited intro (entry number and division only)
- Read set-up (Info read during blackout or before presentation begins)
- Read script (during presentation)
- MC part of presentation (interact with entrant)
- Read title after presentation ends

BRIEF DESCRIPTION OF COSTUME (include social class, civil, or military info, etc.)

If you have any questions, please contact:

Judy Mitchell,
 Director Costume-Con 27 Historical Masquerade
 1011 Montgomery St
 Laurel, MD 20707
 USA
 Phone: (301) 498-8262
 email: judymitch@oldwaylane.net

Historical Masquerade Release Form

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Costume-Con 27 Historical Masquerade

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 Costume-Con 27 Historical 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 Costume-Con 27 committee.

Additionally, I agree to hold Costume-Con 27, its organizers, the facility, and all agents, assignees, and participants of Costume-Con 27, both severally and individually, blameless for any accident and/or injury suffered by me during the course of this Historical 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 Costume-Con 27 Historical 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 Costume-Con 27 committee.

Additionally, I agree to hold Costume-Con 27, its organizers, the facility, and all agents, assignees, and participants of Costume-Con 27, both severally and individually, blameless for any accident and/or injury suffered by me during the course of this Historical 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: _____ Postal [ZIP] Code: _____ Country: _____

E-

mail: _____

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CONTACT INFORMATION DURING COSTUME-CON 27

Hotel: _____ or local address:

Cell phone or other contact number: _____

If you have any questions, please contact:

Judy Mitchell

Director Costume-Con 27 Historical Masquerade

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Laurel, MD 20707

Phone: ((301) 498-8262

E-mail: judymitch@oldwaylane.net