

MASQUERADE ENTRY FORM

CATEGORY: APPRENTICE (under 13) _____ ARTISAN _____ EXHIBITION _____

Name of Entry _____

Participant Name(s) _____

Mailing address _____

Email address _____

Do you have Limited Vision/Masks? Yes _____ No _____

Do you have an Oversized/Tall/Wide costume? Yes _____ No _____

Special needs:

Lighting _____

Sound _____

INTRODUCTION:

(To be read by the MC)

Read introduction complete with name of entry? Yes _____ No _____

Do NOT read entry name prior to entrance Yes _____ No _____

Participants in the DemiCon 19 Masquerade understand both still and video photography will be taken at this event. Videotapes will be made available for sale to DemiCon 19 members only. Unless the participant expressly prohibits our photographer from using their likeness, they hereby waive all rights associated with their publication and grant the Des Moines Science Fiction Society and/or DemiCon publication rights for editorial and promotional purposes. The undersigned agrees to abide by the DemiCon 19 Masquerade rules and hold harmless DemiCon 19 and the Des Moines Science Fiction Society LTD.

Signed _____

Date _____

Send to: DemiCon 19
PO Box 7572
Des Moines, IA 50322-7572

Staff usage ONLY:

Official entry number: _____

Tech notes:

Entrance: Dark _____ Light _____ Fade _____

MC reads: Before _____ After _____ During _____

Music starts: Before _____ After _____ During _____

Exit: Dark _____ Light _____ Fade _____

TECH notes: