PHILCON 2025 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:		Theme	
Costume Source: Designer(s): Made by (if not Designer(s)): _		☐ Science Fiction ☐ Fantasy ☐ Horror ☐ Myth ☐ Romantic ☐ Humorous	
Number of Entrants: List ALL Entrant Names Below:		Dominant Colors	
Attach sheet with additional n group coordinator's name at t	□ Black □ Brown □ Red □ Orange □ Yellow □ Green □ Blue □ Violet □ Grey □ White □ Gold □ Silver □ Flesh □ Multi		
l have: USB	Audio Script Documentation (Required for Re-Creation Co	stumes)	
Title of Recorded Material:	Performe	r:	
Instructions to MC			
 □ Read standard intro □ Read Intro □ Read Set-up □ Read Script □ Be Part of Presentation □ Read title after entry is over 	(Entry number, division and title) (Entry number and division) (Info to be read in black out or before presentation) (Script to be read during Presentation) (Requires active participation from MC)	n starts)	
Attach script or set up on addition	nal sheet Include costume title and costumer's n	ame (or group coordinator's name)	

Attach script or set-up on additional sheet. Include costume title and costumer's name (or group coordinator's name) at top of sheet.

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 2025 **Masquerade Release**

Costume Title:				
/We have read and understood the rules of the Philcon Masquerade and agree to abide by them. Further, I/we agree to bermit 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, /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 entrant forms; each form must have the costume title entered above.)	ts. (Group 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: Dominant Cole	or:# 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 division: ☐ And Costume Title ☐ at beginning ☐ or only at end ☐ And a set-up (read before presentation)	☐ And a Script (read during presentation)(written/printed/recorded media)☐ And be part of presentation		
☐ Be present on stage. ☐ Enter as lights come	/ho? Where?e up and starts		
☐ Enter in light on cue :			
Sound: ☐ Has NO Sound ☐ Starts after intro	☐ Starts on cue:		
☐ Up on cue:	Backlight? ☐ Yes ☐ No Spotlight? ☐ Yes ☐ No		
☐ Change on cue:			
During Presentation: Sound: ☐ Stop sound on cue:			
Lights: ☐ Change on cue:			
Exit instructions: Costumes will: □ Exit in blackout □ Exit in light □ Remove/Leave props behind?: □ Yes □ No	By who?:		
Sound ☐ Fade down when costumes exit			
Lights ☐ Stay on ☐ Fade out (to count) on cue: ☐ Black out fast on cue:			

Workmanship Judging

This section to be comp	oleted by contestant:	
Entry#:	Division:	 ☐ Original <i>or</i> ☐ Recreation
Contestant Name(s):		
Entry Title:		
Special Information for	or the Judge:	
This section to be com	pleted by the judge:	
Parts Judged:		
		_
Notes:		
Awards Presented (i	f any):	
		_