

Orycon-35 Masquerade

Individual Registration Form

Please print legibly in Blue or Black Ink

Please circle one: ADULT TEEN CHILD

Name: _____

Phonetic Pronunciation: _____

Costume Title: _____

Designer/Creator (if different from model): _____

Special Requests: _____

Description for Master/Mistress of Ceremonies to read aloud:

**BELOW TO BE COMPLETED BY
Masquerade Judges:**

Audience: _____

Court: _____

Gliztlandia: _____

Total: _____

**You may drop-off the completed form(s) at the Masquerade
Registration table in the OryCon Office before 3:30 pm, on Saturday,
November 9, 2013.**

*If you have already submitted a form, show up at Masquerade Assembly
Area location by 5:30 pm Saturday, November 9, 2013.*

Masked Ball starts at 7:00 pm

**Otherwise, please plan to complete, or bring a completed
form to the Masquerade Registration participant "Call" space
between 5:00 and 5:30 pm Saturday, November 9, 2013
to receive your number for stage appearance/presentation.**

I have read and understand the rules for the Masked Ball as set forth in the instructions and agree to abide by them. I agree to permit photography and allow the sale/dissemination of photos by Orycon and/or the Oregon Science Fiction Conventions, Inc. (OSFCI). Further, I do agree to hold the convention, its organizers, including the OSFCI Board, and the facility both severally and individually blameless for any accident and/or injury suffered by me during the course of this Masked Ball and its rehearsals except in the case of gross negligence on the part of those cited above.

Badge# _____ Name (Guardian, if child) _____

Mailing address _____

City _____ State _____ Zip _____

Phone # _____ E-mail address _____

Signature _____