

# Orycon-35 Masquerade

## Group Registration Form

*Please print legibly in Blue or Black Ink*

Please circle one:            ADULTS                      TEENS                      CHILDREN

Group Name: \_\_\_\_\_

Phonetic Pronunciation: \_\_\_\_\_

Presenters/Models: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

Designer/Creator (if different from model): \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_

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Description for Herald to read aloud:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Audience: \_\_\_\_\_

Court: \_\_\_\_\_

Glitzlandia: \_\_\_\_\_

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.**

**(OVER)**

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 \_\_\_\_\_

Badge# \_\_\_\_\_ Name (Guardian, if child) \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ E-mail address \_\_\_\_\_  
Signature \_\_\_\_\_

Badge# \_\_\_\_\_ Name (Guardian, if child) \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ E-mail address \_\_\_\_\_  
Signature \_\_\_\_\_

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Signature \_\_\_\_\_

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Signature \_\_\_\_\_

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