

# Masquerade Pre-Registration Instructions

All Masquerade entries must pre-register, by mail, at the convention, or online (<http://www.noreascon.org/masquerade/registration-form.html>). Online registration (particularly for contact information and costume description) is heartily encouraged.

Mailed-in registrations must be received by August 15, 2004. Mail registrations to:

Masquerade Registration  
Noreascon Four  
PO Box 1010  
Framingham, MA 01701

**Masquerade Staff Only:**

**Entry Number:**

## Contact Information

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Contact Info at Noreascon Four

Hotel: \_\_\_\_\_ or Local Address: \_\_\_\_\_

Cell Phone or Other Contact Number: \_\_\_\_\_

## Masquerade Release

Costume Title: \_\_\_\_\_

I/We have read and understood the rules of the Noreascon Four Masquerade and agree to abide by them. Further, I/we agree to permit 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 Noreascon Four Committee. Further, I/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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

If this is a group entry, we must have signatures from all entrants.  
(Group members may sign different release forms; each form must have the costume title entered above.)

Date: \_\_\_\_\_

If entrant is a minor, parent or guardian must sign the release.

Masquede Staff Only:

Entry Number:

# Masquerade Registration

Print clearly. Please fill out all sections applicable to your costume.

Junior Costumers [under 13]	Adults	All Entries
<input type="checkbox"/> Self-made	<input type="checkbox"/> Novice <input type="checkbox"/> Craftsman	<input type="checkbox"/> Original
<input type="checkbox"/> Adult-made	<input type="checkbox"/> Journeyman <input type="checkbox"/> Master	<input type="checkbox"/> Re-creation
<b>Costume Title:</b> _____		<b>Theme</b>
<b>Costume Source:</b> _____		<input type="checkbox"/> Science Fiction
<b>Designer(s):</b> _____		<input type="checkbox"/> Fantasy
<b>Made by (if not Designer(s)):</b> _____		<input type="checkbox"/> Horror
<b>Number of Entrants:</b> _____ <b>List ALL Entrant names below:</b>		<input type="checkbox"/> Myth
_____		<input type="checkbox"/> Beautiful
_____		<input type="checkbox"/> Humorous
<b>Attach sheet with additional names if necessary. Include costume title and group coordinator's name at top of sheet.</b>		<b>Dominant Colors</b>
<input type="checkbox"/> I want to compete for the "Best Discworld Costume" and Golden Luggage prizes		<input type="checkbox"/> Black <input type="checkbox"/> Violet
<input type="checkbox"/> I want to be judged for Workmanship		<input type="checkbox"/> Brown <input type="checkbox"/> Grey

I will submit:     Tape/CD     Script     Documentation (Re-Creation Costumes)

I have:  a special tech request (Use additional sheet to describe the effect wanted)

## Instructions for MC

- Read standard intro (Entry number, division and title)
- Read intro (Entry number and division)
- Read set-up (Info to be read in black out or before presentation starts)
- Read script (Script to be read during presentation)
- Be part of presentation (Requires active participation from MC)
- Read title after entry is over

Please attach additional sheet(s) of paper for scripts, special set-up info, requests for the MC to be part of your presentation, or special tech effect descriptions. For special tech effects, describe what you are trying to accomplish. Include costume title and costumer's name (or group coordinator's name) at top of each additional sheet.