

COSTUME CONTEST FOR MOTOR CITY COMIC CON REGISTRATION FORM – TO BE FILLED OUT BY EVERY CONTESTANT

CONTESTANT # _____ *(field for internal use only)*

GROUP # (if any) _____ *(field for internal use only)*

**Note: All Contestants must also read and sign the PERMISSION / RELEASE FORM
in order to participate in the Costume Contest!!!**

AGE GROUP (Check one):

Check	Age Category	State your Age
<input type="checkbox"/>	KIDS (age 12 and under)	
<input type="checkbox"/>	TEENS (ages 13 through 17)	
<input type="checkbox"/>	ADULTS (ages 18+)	

DO YOU WANT TO BE CONSIDERED FOR THESE CONTEST CATEGORIES?

(Check all that apply):

<input type="checkbox"/>	ANIME / MANGA
<input type="checkbox"/>	ZOMBIE SUPER-HERO / ZOMBIE SUPER-VILLAIN
<input type="checkbox"/>	SPECIAL AWARD for BEST BRIBE <i>(Sponsored by Alienated Productions)</i>
<input type="checkbox"/>	GROUP (list a Group Name on the line below)
IF GROUP, INDICATE TOTAL # OF PEOPLE IN GROUP:	

COSTUME SOURCE: (Where did your character come from ? – check all that apply)

Check	Source	List / Explain
<input type="checkbox"/>	Comic Book	
<input type="checkbox"/>	Cartoon	
<input type="checkbox"/>	TV / Movie	
<input type="checkbox"/>	Literature	
<input type="checkbox"/>	Original Design / Concept	
<input type="checkbox"/>	Other	

COSTUME DESIGNER: (Check one and complete)

Check	Source	List / Explain
<input type="checkbox"/>	I made this costume myself	
<input type="checkbox"/>	Someone made it for me	
	...Who made it? →	
<input type="checkbox"/>	I bought this costume	
	...Where did you get it from →	

PARTICIPANT'S NAME:

FIRST NAME

LAST NAME

*****CHARACTER'S NAME:** _____

Please also provide a "phonetic spelling: _____

***** If you have source photos or other reference materials you would like to provide, please attach.**

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