

Anime Iowa Mainstage Cosplay Registration

Must complete both pages. Please write legibly. Use additional paper as necessary.

Cosplay Staff Use
Entry # _____

Cosplay Title	
Entry Main Contact	AI Badge #
Convention Contact Info	
Cell Phone	Hotel
Email	Room #

MC Instructions – Include script and any instructions for MC.

Lighting Instructions – Include lighting color and cues

Special Needs (check all that apply)

<input type="checkbox"/> Special lighting cue	<input type="checkbox"/> Special audio cue	<input type="checkbox"/> Limited mobility
<input type="checkbox"/> Limited vision	<input type="checkbox"/> Large props	<input type="checkbox"/> Need props set prior to presentation
<input type="checkbox"/> Using weapon play in presentation	<input type="checkbox"/> Need props retrieved after presentation	<input type="checkbox"/> Want MC to participate in presentation
<input type="checkbox"/> Using bare blade in presentation	<input type="checkbox"/> Have script for MC to read	<input type="checkbox"/> Before
<input type="checkbox"/> Have script for MC to read	<input type="checkbox"/> During	<input type="checkbox"/> After the presentation

Special Needs – Describe all checked above

Division		
<input type="checkbox"/> Youth	<input type="checkbox"/> Novice	
<input type="checkbox"/> Experienced	<input type="checkbox"/> Exhibition	
For Youth Only –		
<input type="checkbox"/> Self-made	<input type="checkbox"/> Adult made	
Entry Information		
Number of participants _____		
<input type="checkbox"/> Original	<input type="checkbox"/> Re-creation	
Source Material		

Documentation (pictures, descriptions, etc.)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Audio		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Audio File Format _____		
<input type="checkbox"/> Emailed File in Advance		
<input type="checkbox"/> Media Disc		
<input type="checkbox"/> USB Drive		
<input type="checkbox"/> Memory Card/Stick		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Audio ends	<input type="checkbox"/> Fade audio	
Dominant Color(s)		
Cool	Warm	
<input type="checkbox"/> White	<input type="checkbox"/> Brown	
<input type="checkbox"/> Blue	<input type="checkbox"/> Red	
<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	
<input type="checkbox"/> Pink	<input type="checkbox"/> Orange	
<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	
<input type="checkbox"/> Silver	<input type="checkbox"/> Peach	
Neutral		
<input type="checkbox"/> Grey	<input type="checkbox"/> Black	
<input type="checkbox"/> Multi (Mix of cool and warm)		
Lighting (check all that apply)		
<input type="checkbox"/> Cool	<input type="checkbox"/> Neutral	<input type="checkbox"/> Warm
<input type="checkbox"/> Low light _____%	<input type="checkbox"/> Full light 100%	
<input type="checkbox"/> Up hard	<input type="checkbox"/> Fade up	
<input type="checkbox"/> Slow fade up	<input type="checkbox"/> Down Hard	
<input type="checkbox"/> Fade Down	<input type="checkbox"/> Slow fade down	
Entry Staging		
<input type="checkbox"/> Set in dark (start on stage)		
<input type="checkbox"/> Enter with lights up		
Exit Staging		
<input type="checkbox"/> Exit in dark (end on stage)		
<input type="checkbox"/> Exit with lights up		

Cosplay Title:

Liability Release:

I/We have read and understand the rules of this Cosplay and agree to abide by these rules. 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 Cosplay except in the case of gross negligence on the part of those sited above.

Photo Release:

By appearing in the Copslay the participant(s) agrees to allow the Convention to make video and/or photo images of the event and offer them for sale to Cosplay participants, and use them in Convention publications including the Convention website for publicity purposes.

By signing below participants acknowledge and agree to the release terms and conditions above.
(Minors must have a parent or guardian signature)

Please fill out the following for each participant in the entry. Use additional pages as necessary

Real Name:	Real Name:
Address:	Address
Phone:	Phone:
Email Address:	Email Address:
Signed	Signed
<hr/>	
Real Name:	Real Name:
Address:	Address
Phone:	Phone:
Email Address:	Email Address:
Signed -	Signed -
<hr/>	
Real Name:	Real Name:
Address:	Address
Phone:	Phone:
Email Address:	Email Address:
Signed -	Signed -