



Judging Time Request:
(Check one of each)

Early AM ___ Late AM ___

Saturday ___ Sunday ___

2017 Costume Contest Entry Form

Skill Level (check one): Youth ___ Novice ___ Journeyman ___ Masters ___

Refer to the Costume Contest info page for skill level details.

Entry Type (check one): Single ___ Group ___

Full Name	Character	Series

Who made the costumes: _____

Time to complete: _____

Costume details: (Use the back of this form or attach a separate sheet if needed.)

Signature: _____ **Email:** _____

By signing this form you agree that you and all group members have read and understand the rules of the 2017 METROCON Costume Contest. If submitting online, your email will serve as your signature.