## KUMORICON 2021

MAIL-IN MEMBERSHIP REGISTRATION FORM



Member Informat	ion – Please print clearly and legibly! ·	-

Preferred Name	First	First Last				
Name on ID Your preferred name will be s	First Last own on your badge. We ask for the name on your legal ID so that we can confirm your identity when checking in.					
Fan Name for Kumo	-	lease limit to 15			, or catchphrase of your choosing	
Pronouns on badge:	m O (leave blank)	O he∕him		-	O Ask me my pronouns	
Email Address					ZIP	
Phone (Please	include area code)	ea code) Birthdate (Please include month, day, and year)				
<b>Emergency Contact Information</b> (Required for all members.)			Parent Contact Information (Also required for members under age 18.) □ Check if same as Emergency Contact Information.			
Full Name			Full Name			
Phone			Phone			
Membership Type	All rates are full we	eekend mer	nbership:			
Postmarked on or befor Dec 5, 2020: May 1, 2021: Oct 23, 2021: Age 5 and under, on or	O \$50 O \$55 O \$60	Age 6 to 1 O \$15 O \$15 O \$15 O \$15 O Free	made o Kumor PMB 2	icon Members	bus Entertainment":	
All individuals must bring valic	l, government-issued photo I	ID when checkin	g in to Kumoricor	۱.		
Parent permission and liability	release required under age	18. Parent acco	mpaniment requi	red under age 13.		
Memberships are nonrefunda	ble and cannot be transferre	d or sold. Please	e contact registrat	tion@kumoricon.o	rg if you have any questions.	
All attendees must follow the	Kumoricon Convention Code	of Conduct whi	ch includes polici	es on costumes, ph	notography, and harassment.	

You may be photographed or video-recorded at Kumoricon and our events, and we may publish these photos or videos without further notice to you.

Altonimbus Entertainment (the organization which presents Kumoricon) disclaims liability for injury or any other harm caused by attendees and other third parties. Civil and medical emergencies are not handled by Kumoricon staff.

We will not sell or rent your email address or other personal information.

## Below fields to be filled in by Kumoricon Staff

RECEIVED BY	DATE RCVD.	Paymen
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PAYMENT TYPE