



AFRICOZ

African-Inspired Fantasy Cosplay and Costume Contest

APPLICATION

ECBACC is a convention that celebrates and promotes positive images of people of African descent in the comic book, animation, horror, speculative fiction and sci-fi industry. All interested participants must read the AfriCoz rules and meet the criteria before being authorized to participate in and/or be eligible to enter AfriCoz.

Theme: Science Fiction Superhero Fantasy Historical Horror Humorous

Character Origin: One

Created by the AfriCozer

Created by:

Dominant Costume Features:

• 2 Major colors used _____

• Site a specific attribute of the costume

Character Name/Title:

“ _____ ”

Character History:

Reason for choosing this character:

(Character bio / info you would like the MC to read while you parade)

Contact:

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: _____



AFRICOZ RELEASE

African-Inspired Fantasy Cosplay and Costume Contest

Release for Adults / Participants 16 and Over

Entry Title: _____

I have read and understand the rules of the ECBACC AfriCoz and agree to abide by them. Further, I agree to permit photography and/or video recording and the use, sale, and/or dissemination of said photographs and/or video recordings subject to permission from the ECBACC AfriCoz Director or Committee. Additionally, I agree to hold ECBACC, Inc., ECBACC AfriCoz organizers and all agents, assignees, and participants of ECBACC blameless for any accident and/or injury suffered by me during the course of AfriCoz, except in cases of gross negligence on the part of those cited above.

Print Name: _____ Signature: _____

Date: _____

Release for Minors / Participants Between 13 and 15

Entry Title: _____

I, _____, the parent/legal guardian of _____ [name of minor], on behalf of said minor, have read and understood the rules of the ECBACC AfriCoz and agree to abide by all of them. Further, I agree to permit photography and/or video recording and the use, sale, and/or dissemination of said photographs and/or video recordings subject to permission from the ECBACC AfriCoz Director or Committee. Additionally, I agree to hold ECBACC, Inc., ECBACC AfriCoz organizers and all agents, assignees, and participants of ECBACC blameless for any accident and/or injury suffered by me during the course of AfriCoz, except in cases of gross negligence on the part of those cited above.

Print Name: _____ Signature: _____

Legal Guardian of: _____ Date: _____

Mail these completed forms to:
ECBACC AfriCoz / 2227 N. Broad Street / Philadelphia, PA 19132