

DEATHMATCH REGISTRATION FORM

Fields marked with an * will not be announced or shared.

*Participant's Real Name: _____

*Participant's Age: _____ Character Pronouns: [HE] [SHE] [THEY] [_____]

Cosplayer Name (to be announced on stage) _____

Character Name: _____ Pronunciation (Optional): _____

Character From: _____ Pronunciation (Optional): _____

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