

# Zenkaikon 2018

## Registration Form

Please complete the form below for *each person* who wishes to register for Zenkaikon.

**Make all checks and money orders payable to ZENKAIKON ENTERTAINMENT, INC.**

FIRST NAME	LAST NAME
------------	-----------

STREET ADDRESS
----------------

CITY	STATE	ZIP CODE
------	-------	----------

PHONE NUMBER	E-MAIL ADDRESS
--------------	----------------

<b>WILL BE UNDER 18 ON MAY 4, 2018</b> <input type="checkbox"/> Yes * <input type="checkbox"/> No * If yes, you must also submit the Parental Consent form located on the back of this page
--

### MEMBERSHIP TYPE AND REQUIRED PAYMENT (CHECK ONE)

DEADLINE*	WEEKEND	GROUP ***
May 1, 2017 to August 15, 2017	\$40 <input type="checkbox"/>	\$36 <input type="checkbox"/>
August 16, 2017 to December 5, 2017	\$45 <input type="checkbox"/>	\$41 <input type="checkbox"/>
December 6, 2017 to March 7, 2018	\$50 <input type="checkbox"/>	\$45 <input type="checkbox"/>
March 8, 2018 to April 7, 2018	\$60 <input type="checkbox"/>	\$54 <input type="checkbox"/>

\* Mailed-in registrations must be post-marked by the listed deadline to receive the rate listed for the deadline.

We're sorry, but due to processing times, registration forms mailed after April 7, 2018 cannot be processed in time for the convention.

\*\* Mailed-in VIP memberships can only be accepted while there are VIP memberships still available. Please see <https://www.zenkaikon.com/registration> for the current count of VIP memberships remaining.

\*\*\* Group rate applies to ten or more people registering together. All forms must be mailed in a single package to qualify for the group rate.

*"I have read and agree to the Zenkaikon Convention Policies and Registration Policies on the Zenkaikon website."*

SIGNATURE	DATE
-----------	------

<p><b>MAIL COMPLETED FORM ALONG WITH CHECK OR MONEY ORDER TO:</b> Zenkaikon Entertainment, Inc. Registration Department P.O. Box 301 Collingswood, NJ 08108-0301</p>
--

# Zenkaikon 2018

## Parental Consent Form

---

I, the undersigned, certify that I am the parent or legal guardian of the minor(s) whose name(s) is/are listed below.

I hereby give consent for my child to attend Zenkaikon 2018, taking place on May 4-6, 2018 in the Lancaster Convention Center, and to participate in its activities and events.

I understand that Zenkaikon Entertainment, Inc. is not responsible for supervising my child during the convention, and agree to waive any claims or causes of action against Zenkaikon Entertainment, Inc., its staff, volunteers, organizers, and agents, which may arise out of my child's participation in the convention.

In the case of a medical emergency, I grant the Zenkaikon staff the right to obtain medical care for my child, including, if necessary, contacting emergency medical personnel. I give permission to the qualified medical providers to render whatever medical care they deem necessary and appropriate.

I acknowledge that photographs and video will be taken of the convention, which may include my child's image, and agree that these may be used by Zenkaikon for promotional purposes.

I recognize that my child is responsible for following all rules and regulations set forth by the convention, as well as any directions or instructions given by Zenkaikon staff. I agree to ensure my child is knowledgeable of the convention policies prior to participation. I acknowledge that continued or severe failure to follow convention policies could result in my child's removal from the convention. In such a case, I acknowledge that it will be my responsibility to retrieve my child from the convention location.

Minor's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Phone Number: \_\_\_\_\_

Guardian's Relationship to Minor: \_\_\_\_\_

Guardian is Attending Convention (circle one):       YES       NO

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_