

COS CONVENTION PRE REGISTRATION

Return completed forms to P O Box 2126, Butler PA 16003-2126
All forms must be postmarked no later than two (2) weeks prior to the start of the convention
(Please Print Neatly)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

BIRTH DATE _____ E-MAIL _____

EMERGENCY CONTACT INFORMATION

FULL NAME _____

RELATIONSHIP(MOTHER/FATHER/SPOUSE/ETC) _____

PHONE (_____) _____ OR(_____) _____

REGISTRATION TYPE (CHECK ONE)

___ 3-DAY REGISTRATION \$35.00

___ 1-DAY FRIDAY REGISTRATION \$15.00

___ 1-DAY SATURDAY REGISTRATION \$20.00

___ 1-DAY SUNDAY REGISTRATION \$15.00

___ GM/WORKER/VENDOR ALREADY REGISTERED \$ PRE-PAID

TOTAL AMOUNT DUE FOR REGISTRATION FEES.....\$ _____

EVENT REGISTRATION

(WRITE IN THE EVENT # OF THE ADVENTURES YOU CHOOSE AS YOUR FIRST AND SECOND CHOICES IN THE APPROPRIATE SLOT.
ALL REGISTRATIONS HANDLED ON A FIRST COME FIRST SERVE BASIS. IF NEITHER OF YOUR FIRST OR SECOND CHOICES ARE
AVAILABLE, YOU WILL STILL RECEIVE A GENERIC EVENT TICKET.)

	FRI-AFT 2-6		FRI-EVE 7-11	SAT-MOR 9-1	SAT-AFT 2-6		SAT-EVE 7-11	SUN-MOR 9-1	SUN-AFT 2-6
	2-4 4-6	6-8	7-9 9-11	9-11 11-1	2-4 4-6	6-8	7-9 9-11	9-11 11-1	2-4 4-6
1st Choice									
2nd Choice									

T-SHIRT (WRITE QUANTITY OF EACH SIZE DESIRED)

LARGE _____ X LARGE _____ XX LARGE _____ 3X LARGE _____ 4X LARGE _____

TOTAL # OF T-SHIRTS PURCHASED _____ @ \$25.00 PER T-SHIRT.....TOTAL.....\$ _____

MEMBERSHIP

Circle of Swords Lifetime Membership @ \$50.00TOTAL.....\$ _____

TOTAL AMOUNT DUE..... \$ _____

(MAKE CHECKS OR MONEY ORDERS PAYABLE TO CIRCLE OF SWORDS - DO NOT SEND CASH!)

By submission of this form, and acceptance thereof by the Circle of Swords Gaming Guild, I understand that the members of Circle of Swords Gaming Guild, Convention Staff, and Butler Days Inn will not be responsible for any personal injury, lost or misplaced items while I attend this convention.