CoKoCon 2019

Phoenix, Arizona — August 30 to September 2

Local Author Guest of Honor:
Emily Devenport

Weird Science Guest of Honor:
Professor Sparks

Artist GoH Guest of Honor:
Gilead

kindly sponsored by LepreCon, Inc.

Filk Guest of Honor:
Alexander James Adams

kindly sponsored by the Phoenix Filk Circle

Venue: DoubleTree by Hilton Phoenix North, 10220 N Metro Parkway E, Phoenix, AZ 85051

Membership Type: ❑ Adult (12+) ❑ Child (7-12) ❑ Kid-in-Tow (0-6) * Kids-in-Tow are limited to 2 per adult member.

Name: _____ **Badge Name:** _____

Street: _____ **e-mail:** _____

City: _____ **State:** _____ **Zip:** _____

Neither Western Science Fiction Association (WesternSFA) nor Central Arizona Speculative Fiction Society (CASFS) will sell any of this information to any third party. I agree that WesternSFA/CASFS may use and/or share this information to contact me for informational purposes.

Check boxes if you do **not** wish to be contacted about future events: ❑ CASFS events ❑ WesternSFA events ❑ Any events

I release CASFS/WesternSFA from all liability in the event of accident, damage or theft while on premises. Acceptance of this membership and entry into CoKoCon constitutes an agreement to allow CASFS/WesternSFA, its agents or assignees to use your image and/or likeness for advertising/promotion by CASFS/WesternSFA by any media now known or hereafter devised. The membership badge remains the property of the convention until the close of the convention and ust be surrendered on demand. The convention reserves the right to refuse admission to or to eject any person whose conduct is deemed in the sole discretion of CASFS/WesternSFA boards to be disorderly. A charge of $25 will be assessed against all bad checks. Memberships are transferable but non-refundable and the convention is not responsible for lost forms. By signing this form, I certify that I am 18 years of age or older and agree to the terms listed above.

Signature: _____ **Date:** _____ **Amount PAID:** _____

If the above listed person is under 18 years of age, this section must be completed by a parent or legal guardian.

Parent/Guardian Name: _____ **Relationship to Minor:** _____

Parent/Guardian Address: _____

I give my authorization and consent, and warrant that I have the legal authority as the minor's parent or legal guardian to grant such consent, for the above-named minor to attend the CoKoCon convention ("Convention"). I understand that the Convention staff, organizers, employees and/or agents, etc., have no responsibility to monitor or supervise the minor at any time during the Convention, and I agree to hold CoKoCon 2018, CASFS, WesternSFA, their Boards of Directors, organizers, employees and/or agents, etc., harmless of any wrongdoing, claims, demands or liability. I further accept financial responsibility and agree to fully indemnify the Convention for any damages caused by my child, whether by his/her willful conduct or negligence, at any time during his/her attendance at the Convention.

Signature: _____ **Date:** _____

www.cokocon.org **CoKoCon 2018 - PO Box 67457, Phoenix, AZ 85082** **facebook.com/cokocon**

Office Use Only — Total PAID: _____ ❑ Cash ❑ Credit ❑ Check # _____ from bank _____