



De La Salle University

Student Affairs
Student Media Office

SMO Week – Comic Convention Cosplay Competition Application Form

PERSONAL INFORMATION

NAME: _____
Last, First M.I.

DATE OF BIRTH: _____ AGE: _____ SEX: _____

SCHOOL: _____ COURSE/YR: _____ ID. No.: _____

CONTACT NO(s): _____ EMAIL ADDRESS: _____

FACEBOOK URL: www.facebook.com/ _____

COSPLAY INFORMATION

STAGE NAME: _____ CHARACTER NAME: _____

COMIC ORIGINATED FROM: _____

COSTUME: Hand-made Purchased Custom-made

By signing this form, I certify that information contained in this application form is true and complete. I understand that false information may be grounds for my disqualification from the competition. I authorize the verification of any or all information listed above.

Signature over Printed Name