

Contest Application Form

I.B.M. Close-up Contest



Stage Name (if any) _____

Applicant's last name: _____ Applicant's First name: _____

Street address: _____

City: _____ State\Province: _____

Postal code: _____ Country: _____

Telephone Number: _____ Secondary Phone Number: _____

Email: _____ Skype (if available) _____

IBM membership number: _____ Date Of Birth: _____

I.B.M. Ring(s) to which you belong: _____

Are you current with your membership: Yes _____ No _____ Dues must be paid in full through July 2016.
In order to compete in the International Brotherhood Of Magicians' contest you must be a member in good standing with paid dues. All Performers and assistants must be registered for the convention.

Note: No pyrotechnics, confetti or glitter of any type may be used in the IBM Gold-Cup Competition Act. Any usage will result in disqualification. NO EXCEPTIONS!

CHECK ONE: Adult (age 18 or older) Youth (age 7–17) signature of legal guardian required.

How long (in minutes) will it take for you to move your act from the wings and set your act on the stage? _____

I certify that the foregoing information is true and correct, that I have read and agree to abide by the **contest rules** and procedures, and that no acknowledged unauthorized use of intelligent property will be included in my contest performance. I agreed to indemnify and hold the International Brotherhoods of Magicians harmless for any damages, expenses or losses that may occur by reason of claim made against me as a result of the participation in the contest, regardless of the merits of any such claims I agreed to be bound by all decisions of the contest judges. I agree that untrue statements made by me or a breach by me of any covenants contained herein shall be grounds for disqualification.

Signature

Date

Signature of legal guardian if youth.

Date

Competition Form can be e-mailed to: Oscar and Melody Muñoz at oscarmunoz@mac.com
or can be sent to Oscar and Melody at 14307 Briarbend, San Antonio, Texas 78247