



# GALACTIC FASHION SHOW FORM



Please submit this form with your outfit choices or a description of your own “out of this world” design. No outfits will be duplicated, so please complete your form and send it to us as soon as possible. Please wait for your fashion choice to be confirmed before you begin work on your costume.

Name \_\_\_\_\_ Reg # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

First Outfit Choice \_\_\_\_\_

Second Outfit Choice \_\_\_\_\_

Third Outfit Choice \_\_\_\_\_

Description of your own design, if applicable \_\_\_\_\_

\_\_\_\_\_

(Note: All personal designs are subject to approval so please do not begin working on an outfit until it has been approved by the Fashion Show Chair).

Name of Partner / Group Members, if applicable

\_\_\_\_\_

Please return this form no later than **May 26, 2017** to:

Robin Goglas  
15435 Grand Haven Dr.  
Clermont, FL 34714