

Oxygen Mas Registration Form FAVELA (PURPLE)

FEMALE Backline \$795, Frontline \$1550

MASQUERADER INFORMATION

First Name	Last Name
Cell	Home
<i>Contact Numbers</i>	
e-mail Address	Date of Birth

SECTION INFORMATION

<input type="checkbox"/> BACKLINE \$795	<input type="checkbox"/> FRONTLINE \$1550	
<i>Bra Size (32A-42DDD)</i>	<input type="checkbox"/> <i>Regular Bra</i>	<input type="checkbox"/> <i>Wire Bra</i>
	<small>(A-D Cups only; Frontline only)</small>	
<i>Panty Size (XS-XL)</i>	<input type="checkbox"/> <i>Regular Panty</i>	<input type="checkbox"/> <i>High Waist Panty</i>

MEAL PREFERENCE: Chicken Pork Fish

COSTUME ADD ONS

1. Micles Stockings (Stacy B Accessories) ADD \$40

COLOR:	Little Color	Suntan	Caramelo	Salmon	Brown	Gentle Brown	
STYLE:	Regular Foot	Regular Foot High Waist	Toeless	Footless			
Glitter Fishnets:	Little Color	Suntan	Caramelo	Salmon	Gentle Brown		
SIZE	S-M	M-L	L-XL	2XL	3XL	4XL	5XL
Weight (LBS)	95-120	120-140	140-160	160-180	180-210	210-250	250-290

2. Pasties ADD \$27

REGISTRATION TOTAL (Costume + Add Ons) \$ _____

I confirm that the information provided above is accurate and true. I undertake not to switch, exchange or resell the said costume. Oxygen Mas does not take responsibility for personal errors made in sizing and all costumes given will be in accordance with the above-mentioned information given. I am aware that my Registration is **ONLY COMPLETE** after providing the necessary information on this form along with making the minimum deposit in the sum of EC\$200.00 (Back-line and Male costumes) / EC\$500.00 (Front-line costume), being a **NON-REFUNDABLE** deposit. I undertake to pay the balance due and owing on my costume **on or before June 15th, 2017**. I understand that failure to complete payment on the stipulated date will result in forfeiture of my deposit and my costume.

I acknowledge that the complete costume will be delivered to me at the Oxygen Mas Camp, Lower Bay Street Kingstown. I am personally responsible for collecting my costume, alternatively, I may give an authorized representative permission to collect same on my behalf. I am aware that in order to collect my costume I must provide 1 form of Identification and my receipt showing proof of final payment made on the said costume.

SIGNATURE	DATE
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RECEIPT NUMBER _____