

Contestant Number: s_____ /c_____

(completed by contest chair only)

Magicians' Alliance of the Eastern States

COMPETITION ENTRY BLANK

(please print)

Name: _____ Birth Date (mm/dd/yy):

Address:

City, State, Zip code: _____

Telephone number:

E-mail address:

I am entering (check all that apply) Stage Competition (); Close-up Competition (); Originality Stage ();
Originality Close-up ();

Stage Act Name (optional):

Close-up Act Name (optional):

Complete the following:

Detailed Description of Acts and Effects:

If entering in the originality competition, please sign the statement below.

I swear that the magic effect has not, to the best of my knowledge, appeared in print prior to this showing, nor has it been offered, as I present it, for sale.

Signed: _____