



CENTRAL STATES SHRINE CLOWN ASSOCIATION

2024 REGISTRATION

Name: _____ Clown Name: _____
Lady's Name: _____ Shrine Center: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: (_____) _____ - _____ D.O.B.: _____

Competition Information

Division: _____ Open _____ Senior (60yrs+) _____ Rookie*

*Rookie competitors must attach a certification of rookie status signed by unit head and competitor to registration form.

Make-Up & Costume Class:

_____ Whiteface _____ Auguste _____ Character _____ Hobo _____ Tramp

Skit Competition: _____ Individual _____ 2 Man _____ 3-5 man _____ Unit

Balloon Competition: _____ Single Balloon _____ Multi-Balloon

Deadline & Fees

Early Registration:

Post Marked by: July 19, 2024

_____ \$100 Clown Only (Including Banquet)

_____ \$140 Clown+1 (Including Banquet)

Late Registration:

Post Marked AFTER July 19, 2024

_____ \$125 Clown Only (Including Banquet)

_____ \$165 Clown+1 (Including Banquet)

Banquet Only:

_____ \$40 Per Person

Form & Payment Submission Instructions

Mail Form and Payment to: Arab Shrine Clowns
Attn: Bob "Willie" Swafford
1305 S Kansas Ave
Topeka, KS 66612

Checks Payable To: Arab Shrine Clowns

Memo: CSSCA 2024