

Anime Punch 2199 Pre-registration Form

la enregistrement fiche de la plex d'amusement

PRINT, FILL OUT, AND MAIL TO:

ANIME PUNCH
PO BOX 3132
COLUMBUS, OHIO 43210

Real Name _____ Handle _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Sex (M / F) Birthdate _____ Age _____

Premium (30) / Regular (25) If Premium (Kana / Kanji)

Badge Design (refer to website) _____

First Anime _____ Favorite Anime _____

How did you hear about us? _____

Preferred means of death? _____

Notes _____