



Event Entry Form

Name of the event: _____

Please enter me in the following division:

- | | |
|---|---|
| <input type="radio"/> Novice One Men | <input type="radio"/> Junior Figure 18-22 |
| <input type="radio"/> Novice One Women | <input type="radio"/> Master Men 50 and over |
| <input type="radio"/> Novice One Figure | <input type="radio"/> Master Women 50 and over |
| <input type="radio"/> Open Men | <input type="radio"/> Master Figure 50 and over |
| <input type="radio"/> Open Women | <input type="radio"/> Teenage |
| <input type="radio"/> Open Figure | <input type="radio"/> Sub-Master Men 35-49 |
| <input type="radio"/> Junior Men 18-22 | <input type="radio"/> Sub-Master Women 35-49 |
| <input type="radio"/> Junior Women 18-22 | <input type="radio"/> Sub-Master Figure 35-49 |
| <input type="radio"/> Novice One Men's Physique | <input type="radio"/> Open Men's Physique |
| <input type="radio"/> Novice One Bikini | <input type="radio"/> Open Bikini |
| <input type="radio"/> Master Bikini 50 and over | <input type="radio"/> Sub-Master Bikini 35-49 |
| <input type="radio"/> Junior Bikini 18-22 | |

Name: _____

Address: _____

City: _____ Phone: _____

State: _____ Zip: _____

Age: _____ Height: _____ Weight: _____

I train at: _____

Go to school at: _____

I work at: _____

Hobbies are: _____

Like to thank: _____ For: _____

Like to thank: _____ For: _____

Like to thank: _____ For: _____

In consideration of accepting this entry, I the undersigned intending to be legally bound, for myself my heirs executors, and administrators, assume all responsibility for injuries I may incur as a direct or indirect result of my participation in this event and waive and release any and all rights and claims for loses and damages I may have against Executive Productions, Norwalk School district participating sponsors there directors, employees and or agents for any injuries suffered by me in this event. I further attest that I am physically fit and have trained sufficiently for this event and have not at any time during the preceding (60) calendar months engaged in the personal use of anabolic steroids or other growth oriented drugs in any manner whatsoever. I further agree to abide by all decisions of the contest directors and declare that all the information contained herein is, to the best of my knowledge, true, correct, and complete. And I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or other record of this event for any purpose whatsoever.

Signature: _____

Parent or Guardian Signature *(if under 18):* _____

Date: _____

E-mail address: _____

Note: Please submit a check or money order along with this entry form.

Make checks payable to David Cammon

Mail to: P.O. Box 4035

Flint, MI 48504