



2012 CONTESTANT ENTRY FORM

Events [Check All That Apply]: Fitness Women Open Fitness Women Classic (35+ Years) Fitness Men Open
 Bikini Open Bikini Classic (35+ Year Old) Bikini Masters (45+ Year Old)
 Figure Open Figure Classic (35+ Year Old) Figure Masters (45+ Year Old)

PERSONAL INFORMATION

Full Legal Name: _____
 Address: _____
 City: _____ State or Country: _____ Zip/Postal Code: _____
 E-Mail: _____ Sponsor or Team: _____
 Day Telephone:(_____) _____ Night Telephone:(_____) _____
 Age: _____ Date of Birth: _____ / _____ / _____ Height: _____ ' _____ " _____ Weight: _____ lbs

CHECKLIST . . .

- Completed Entry Form
- Completed Accident Waiver and Release of Liability
- Completed FUP Membership Application
- Early Entry Fee - \$150
After Apr 30 - \$175
After May 31 - \$200
No Refunds, Exchanges or Transfers
- \$25 FUT 2012 Membership
(Unless Already Paid During 2012)
No Refunds, Exchanges or Transfers
- Current Photograph
Submit to: myphoto@fitnessuniverse.com

Fitness Universe
 Post Office Box 6100
 Rosemead, California 91770 USA
 Fax (626) 280-0001

ABOUT YOURSELF . . .

Education Level: _____
 Occupation: _____
 Noteworthy Fitness or Sports Competition Experience: _____

 Other Interesting Information About Yourself: _____

 Lifetime Ambitions: _____

GOOD LUCK AT FITNESS UNIVERSE WEEKEND!



2012 MEMBERSHIP & ENTRY PAYMENT FORM

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Birth Date: ____ / ____ / ____ Age: _____ Country: _____

E-Mail: _____

Home Phone: (____) _____ Work Phone: (____) _____

- Event Entry Fee - \$150; After Apr 30 - \$175; After May 31 - \$200**
- 2012 Annual Membership Fee - \$25 (per calendar year)**
- Submit Your Photo: myphoto@fitnessuniverse.com**

Payment Type (check one):

Check or Money Order Visa Mastercard Discover American Express

Card #: _____ - _____ - _____ Expiration: ____ / ____

Issuing Bank: _____

Signature: _____ Date: _____

Issue Check or Money Order and Mail to:

Fitness Universe
P.O. Box 6100
Rosemead, California 91770

Or, Fax to:
(626) 280-0001