



Ms. Bikini
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2010 CONTESTANT ENTRY FORM

Events [Check All That Apply]: Fitness Open Fitness Classic (35+ Years) 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 - \$100
After Sep 15 - \$125
After Oct 15 - \$150
After Nov 15 - \$175
No Refunds, Exchanges or Transfers
- \$25 FUP 2010 Membership
(Unless Already Paid During 2010)
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 AMERICA WEEKEND!



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2010 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 - \$100; After Sep 15 - \$125; After Oct 15 - \$150; After Nov 15 - \$175
- 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