



**2019 REGIONAL ENTRY FORM**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_ / \_\_\_\_\_ / 2019

Division(s) [Check]:  Fitness  Ms. Bikini  Figure  Model  Musclemania®  Physique  Classic

Class(es) [Check]:  Open Men  Open Women  Novice Men  Classic (35+)  Masters (45+)

Junior (22 & Under)  Teenage (19 & Under)  Other: \_\_\_\_\_

**PERSONAL INFORMATION**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Area: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Facebook: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Height: \_\_\_\_\_ ' \_\_\_\_\_ " Weight: \_\_\_\_\_

**ABOUT YOURSELF**

Education Background(s): \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Noteworthy Athletic and/or Competition Experience: \_\_\_\_\_

\_\_\_\_\_

Other Interesting Information About Yourself: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lifetime Ambitions: \_\_\_\_\_

Sponsors: \_\_\_\_\_

**CHECKLIST**

- Completed Entry Form
- Completed Accident Waiver and Release of Liability
- Entry Fee \$100 Per Division





**2019 REGIONAL  
MEMBERSHIP APPLICATION & REGISTRATION PAYMENT FORM**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

- \$100 Regional Event Entry Fee** (Do not use for Universe, America or World events)
- \$50 Annual Membership Fee (per calendar year)** If you have not paid the 2019 Fitness Universe Annual Membership, you will be charged the \$50 fee.
- Submit Your Photo: [myphoto@musclemania.com](mailto:myphoto@musclemania.com)**

Payment Type (check one):

Check or Money Order    Visa    Mastercard    Discover    American Express

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_   Expiration: \_\_\_\_ / \_\_\_\_

Security code on the back of card: \_\_\_\_\_ Issuing Bank: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Issue Check or Money Order or complete Credit Card information and mail to:**

**Fitness Universe Tour**  
P.O. Box 6100  
Rosemead, California 91770 USA  
Fax (626) 280-0001  
[info@fitnessuniverse.com](mailto:info@fitnessuniverse.com)