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**June 17 2024**

**WHERE:**

**Holy Cross Dunmore PA**

**TIME:**

**9:00 AM** -Check-In

**12:00 PM** - Show Time

ENTRY FEE:

Entry Fee
Amateur $100.00 with $40.00 crossover fee to other classes.

MONEY ORDERS ONLY! NO PERSONAL CHECKS!

There no refunds on entry

REGISTRATION:

There is online registration at nepanatural.com or
Send money order and entry form to:
Vince Cardamone - 623 Delaware Street, Scranton PA, 18509

**HOTEL ACCOMODATIONS:**

Courtyard By Marriott
Montage Mountain Scranton
570-969-2100
$179.00 Night

- MUST MENTION “NEPA NATURAL BODYBUILDING SHOW” WHEN REGISTERING - TO GET DISCOUNTED RATE!!

**OFFICIAL SHOW SPRAY TANNER**perfecttentimes@gmail.com

**OFFICIAL SHOW PHOTOGRAPHER**Lance Tyler Photography, http://site.lancetylerphotos.com

**This is a 100% drug-tested competition, and the ANBF uses urinalysis as its primary testing method.**

In addition, **a polygraph test is also required this year.** Please schedule your polygraph appointment using the following link:
👉 <https://calendly.com/d/crwj-4nf-3y5>

The ANBF follows the **2015 WADA Prohibited List**, and as a competitor, **you are responsible for understanding how certain supplements may affect your eligibility**.

**Just because a product is sold over the counter does not guarantee it complies with ANBF standards.** We strongly encourage you to do thorough research.

You can find the full WADA Banned Substance List on our official website:
🌐 [www.anbfnatural.com](http://www.anbfnatural.com)

**Eligibility:** Open to all amateurs who hold an ANBF membership. Membership applications can be obtained online at [www.anbfnatural.com,](http://www.anbfnatural.com,) on ANBF Facebook Page, or via email from the ANBF office

**MUSIC:**

**mytwotoyz@yahoo.com**. **Props are allowed**.

**AWARDS:**

Top Five competitors in each class.

**TICKETS:**

Tickets available at the door from the promoter or online: **nepanatural.com**.
Advance $20, Day of Show $25, Children under 12 $5, and don’t forget to donate to All About the Kids Bicycles! $5.00 suggested donation

**CONTACT INFORMATION:**
Vince Cardamone at (570) 780-7111
Email: nepanatural@gmail.comWebsite: [nepanatural.com](http://www.nepanatural.com)

**CLASSES:**

Please check the division & weight class:

Classes:

\_\_\_\_\_ Teenage Bodybuilding (ages 13-19)

\_\_\_\_\_ Men’s Bodybuilding Debut (First Time Competitors Only)

\_\_\_\_\_ Men’s Bodybuilding Novice

\_\_\_\_\_ Men’s Bodybuilding Open (Classes are set based on entries and check in weights) \*

\_\_\_\_\_ Men’s Bodybuilding Masters (40-70+) \*\*

\_\_\_\_\_ Men’s Physique Debut (First Time Competitors Only)

\_\_\_\_\_ Men’s Physique Novice

\_\_\_\_\_ Men’s Physique Master (40+50+) \*\*

\_\_\_\_\_ Men’s Physique Open \*
\_\_\_\_\_ Men’s Classic – Debut
\_\_\_\_\_ Men’s Classic – Open
\_\_\_\_\_ Men’s Classic – Masters
\_\_\_\_\_ Men’s Classic - Novice

\_\_\_\_\_ Women’s Physique Debut (First Time Competitors Only)

\_\_\_\_\_ Women’s Physique Masters (40+) \*\*

\_\_\_\_\_ Women’s Physique Open \*

\_\_\_\_\_ Bikini Debut (First Time Competitors Only)

\_\_\_\_\_ Novice Bikini

\_\_\_\_\_ Masters Bikini (35+,50+) \*\*

\_\_\_\_\_ Open Bikini \*

\_\_\_\_\_ Classic Physique

\_\_\_\_\_ Women’s Bodybuilding Master (40+) \*\*

\_\_\_\_\_ Women’s Bodybuilding Open (1 Class) \*

\_\_\_\_\_ Women’s Figure Debut (First Time Competitors Only)

\_\_\_\_\_ Women’s Figure Masters (40+) \*\*

\_\_\_\_\_ Women’s Figure Novice

\_\_\_\_\_ Women’s Figure Open - (Classes are set based on entries and check in weights) \*

\_\_\_\_\_ Wellness Open

\_\_\_\_\_ Wellness 40+

\_\_\_\_\_ Fitness Open

\_\_\_\_\_ Fitness 40+

\*ANBF PRO QUALIFIER \*\*ANBF MASTERS PRO QUALIFIER

\_\_\_\_\_ ENTRY FEE:

\_\_\_ AMATEUR ENTRY $100.00

\_\_\_ COACH PASS $30.00

\_\_\_ ADULT ADVANCE: ALL DAY $20.00

\_\_\_ CROSSOVER INTO ANOTHER CLASS $40.00

\_\_\_CHILDREN 12 AND UNDER $5.00

Novice = never placed 1st in a class Debut = First time showing

TOTAL AMOUNT ENCLOSED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEPA Natural Information Form**

**NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOMETOWN** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_

**AGE** \_\_\_\_\_\_ HEIGHT \_\_\_\_\_\_\_\_\_\_ WEIGHT \_\_\_\_\_\_\_\_\_

**GYM** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.com

HOBBIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL THANKS TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ENTRY FORM**

(Please Print Clearly)

CLASS ENTERING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANBF # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_

GYM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE**

I acknowledge that athletic event is an extreme test of a person' physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by the terrain, the facilities, temperature, weather, condition of athletes, spectator, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize liability may arise from negligence, carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used in the event holders, sponsors, organizers, in which I may participate and that it will govern my actions and responsibilities at said event. In consideration of my application and permitting me to participate in this event, I hereby take actions for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property thefts or actions of any kind which might hereafter accrue to me including my traveling to and from this event, the following entities or persons: Their directors, officers, employees, representatives, and agents, the event holders, event sponsors, event volunteers; (B) indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liability or claims made as result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury accident or illness during this event. I understand that at this event or related activities, I may be photographed. I hereby agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. I understand that this is a drug-tested contest and agree to submit to any testing method approved by the contest promoter. I also agree to accept, without challenge, the results of such drug tests. Unless in the case of inconclusive results, I understand agree that the preliminary results are final. The accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand its contents.

Print Participants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_ Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If under 18 years old, Parent or guardian must also sign)

**PARENT GUARDIAN WAIVER FOR MINORS**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send Completed Application To: Vince Cardamone, 623 Delaware Street, Scranton, PA. 18509