



Questions for registration:

First and last Name

Mailing Address

Home town

Country

Birthday

Age

Height

Weight

Competition day weight

Shirt Size

Do you take supplements? If yes, Please list name and dose:

Have you taken a polygraph test in the past 90 days? If yes, date of polygraph test.

Name of Gym

Name of Trainer

Please list previous competitions the Name of Organization division you competed and placing.

Favorite Genre of Music

What motivates you in fitness?

Who would you like to thank?