

OFFICIAL ENTRY FORM

2010 NPC SACRAMENTO BBC

A Spectrum Fitness Production

OFFICIAL USE ONLY	
DIVISION	_____
CLASS	_____
WEIGHT	_____
NUMBER	_____

Return Entry Form and Fees (payable to **Spectrum Fitness Productions**) to:
Spectrum Productions, P.O. Box 7459, Riverside, CA 92513

Name _____ Phone No. _____
 Address _____ City _____ State _____ Zip _____
 Age _____ Weight _____ Gym Represented _____ E-mail _____

Circle the Class/Classes you plan to compete in.

(You may compete in more than one Class provided you pay an additional entry fee of \$75.00)

- MEN'S UNLIMITED NOVICE MEN MASTERS MEN GRAND MASTERS MEN ULTRA MASTERS MEN**
WOMEN'S UNLIMITED FIGURE MASTERS FIGURE 35+ WOMENS BODYBUILDING
BIKINI MASTERS BIKINI 35+ WOMEN'S FITNESS

I understand that no entry will be accepted without a signature or entry fee. I understand that this competition is NPC sanctioned and shall be conducted in accordance with the rules and regulations established by the NPC. In consideration of your acceptance of this entry form and fee, I hereby waive and release all rights and claims for damage against the National Physique Committee of the USA, Inc., Ted Williamson, Spectrum Fitness Productions, Crest Theatre, all sponsors and vendors, the city of Sacramento, employees or assigns by reason of injury or damage, which I incur, and include any injuries or damages suffered and sustained by members of my entourage or individuals associated with or accompanying me while traveling to and from or participating in this competition. I further agree to have my participation in this competition videotaped and photographed and I hereby waive and release all rights to said videotapes and photographs to John Tuman, Ted Williamson for their exclusive use in the illustration and/or depiction of and concerning the sport of bodybuilding. I agree to abide by all decisions of the designated officials and declare that all the information contained herein is, to the best of my knowledge, true, correct and complete. I have read and understand the contents of this entry form.

Signature _____ Date _____
 _____ Date _____

(Signature of Parent/Guardian required for contestants under the age of 18.)

TICKET ORDER FORM

We would like to give our competing athletes first choice of our limited reserved seating. It is necessary to order your tickets early since the availability of tickets changes daily. Please complete the ticket order form and return it with your cashier's check or money order as soon as possible. Personal checks accepted.

TICKET PRICE	QUANTITY	TOTAL	
\$50.00 VIP reserved	_____	_____	
\$40.00 Reserved	_____	_____	
\$30.00 Prejudging	_____	_____	
ENTRY FEE	_____	_____	ENTRY FEE
*LATE ENTRY	_____	_____	\$75.00 PER CLASS
			(payable to Spectrum Productions)

* Late Entry, after October 30th 2010 is \$120.00 Per Class

MONEY ORDERS OR CASHIER'S CHECKS PREFERRED, PERSONAL CHECKS ACCEPTED

PAYABLE TO : SPECTRUM FITNESS PRODUCTIONS

Mail to : Spectrum Fitness Productions, P.O Box 7459, Riverside CA 92513

O VISA O MC O AE For Credit Card Orders, Call 951.687.9366 or Fax 951.785.5667

_____ Card No. _____ Exp. Date _____ Signature (required for credit card orders)