

2010 AUSTRALIAN NATURAL PHYSIQUE CHAMPIONSHIPS



AUSTRALIAN APPLICATION FORM

ENTRY FEE: \$100 *includes Competitor Tee*
ENTER BY: 6th October 2010 *Late-fee applies after this date*

Please post Application Form to Bell St Fitness 96 Bell St Coburg Vic 3058

..... P/CODE

Payment for this event is taken at registration. Please bring the TOTAL amount with you to registration. Note: No credit card facilities at registration.

Tick ✓

1. Entry Fee	<input type="checkbox"/> Entry Fee	\$100	\$ _____
	Or		
	<input type="checkbox"/> Late Entry Fee (after 06/10/10)	\$125	\$ _____
2. Show One Tickets	<input type="checkbox"/> VIP (front rows)	\$60 x _____	\$ _____
	<input type="checkbox"/> General Admission	\$50 x _____	\$ _____
Show Two Tickets	<input type="checkbox"/> VIP (front rows)	\$60 x _____	\$ _____
	<input type="checkbox"/> General Admission	\$50 x _____	\$ _____
Both Shows	<input type="checkbox"/> VIP (front rows)	\$70 x _____	\$ _____
	<input type="checkbox"/> General Admission	\$60 x _____	\$ _____
3. Contest DVD	<input type="checkbox"/> DVD	\$41 x _____	\$ _____
4. Contest Photos	<input type="checkbox"/> CD	\$29 x _____	\$ _____
TOTAL TO BE PAID AT REGISTRATION			\$ _____

(Please leave space for official use)

CONTEST NUMBER:

ASADA TESTING

URINE ANALYSIS	YES	NO	PASS/FAIL
BLOOD ANALYSIS	YES	NO	PASS/FAIL

DIVISION Height (cm)

If you place Top 3 will you perform your Optional Posing Routine? **Yes / No**

NAME

INBA MEMBERSHIP NUMBER* **EXP. DATE**

**Must have applied and received your current Membership number prior to submitting the Entry Form. Apply for membership online www.inba.com.au*

ADDRESS

PHONE NUMBER Home () Work ()

Email Mobile

DATE OF BIRTH **AGE**

STATE REPRESENTING

QUALIFIED BY (Contest & Placing)

DRUG-FREE AGREEMENT

I, agree to provide a urine sample for analysis for the detection of banned substances in accordance with the INBA Doping Policy. I fully understand that a condition of entering this contest is I have not taken any banned substance in the past five (5) years. I agree that if I produce a positive test result to a prohibited substance, I will pay a fee of \$2000.00 within seven days to the International Natural Bodybuilding Association (INBA) to reimburse the cost of my drug test and to redistribute trophies and results. If I pass the test, I have fulfilled the condition of entry and the INBA shall pay all costs.

Also, as a member of the INBA and/or a participant in an INBA sanctioned event, I hereby acknowledge and agree as follows:

- I have had an opportunity to review the INBA Anti-Doping Rules.
- To comply with and be bound by all of the provisions of this entry form and INBA Anti-Doping Rules and amendments.
- The INBA and National Federations have jurisdiction to impose sanctions as provided in the INBA Anti-Doping Rules.
- Any dispute arising out of a decision made pursuant to the INBA Anti-Doping Rules, after exhaustion of the process expressly provided for in the INBA Anti-Doping Rules, may be appealed exclusively to the Court of Arbitration for Sport.
- Decisions of the Court of Arbitration for Sport shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
- I consent to the use of any photographs, video recording or other images taken or recorded at this event by the INBA or it's nominees, in any magazine, broadcast transmission or any other printed or electronic media for the purposes of promoting this or future events, the INBA or nominees or their sponsors.
- I have read and understand this Acknowledgment and Agreement.

Print Name _____ Signature (or if a minor, signature of legal guardian) _____ Date _____