

<u>Category no:</u>		<u>Athletes no:</u>
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REGISTRATION FORM

REGISTRATION: (COMPLETED BY ATHLETE)

Name:

Postal Address:

Tel: (Cell)

Tel: (Home)

E-mail address:

Photo CD:

Receipt nr:

Hair:

Make-up:

CATEGORY: (SELECTED BY ATHLETE FOR THE SHOW)

LADIES CATEGORIES	
	FEMALE MODEL
	BIKINI MODEL
	FITNESS BIKINI MODEL

MENS CATEGORIES	
	MALE MODEL
	FITNESS MODEL
	PHYSIQUE MODEL

Officials Signature :