

March 2 – 4, 2012 COLUMBUS, OHIO
ADVANCE REGISTRATION PRICES
End February 17, 2012 !!!



ARNOLD WEAPONS FORMS OPEN COMPETITION 2012

Mail completed form with payment to: AMAF-Headquarters; P.O. Box 719; Chillicothe, OH 45601

OR -- Fax to: (614) 474-8400 **OR** -- go to <http://www.arnoldsportsfestival.com> for **Discounted** online registration!



I have PARTICIPATED in an _____ Of ALL the other Arnold Sports Festival events, _____
 event at a previous Arnold _____ the ONE that I'm most likely to attend as a _____
 Sports Festival. _____ spectator is: _____

| | | | | | | | |
|--------------|------|-------------|-----|--------|---------|-----------------------|---------------|
| | | | | | | | |
| (First Name) | | (Last Name) | | (M.I.) | | (Birthday)(mm/dd/yy) | |
| Age: | yrs. | Height: | ft. | in. | Weight: | lbs | Gender: M / F |

The **RULES** and competition **DIVISIONS** are listed at: <http://www.arnoldsportsfestival.com>

ENTER YOUR DIVISION CODE(s):

If you plan to compete in another discipline, you **MUST** submit the corresponding discipline registration form, which will incur a separate registration fee.

Competing division: \$75
 Late fee (after 2/17/12): \$
 Total Due with Application: \$

| | | | |
|---------------|------|------------|------------|
| Payment Type: | VISA | MasterCard | Check/M.O. |
| Signature: | # | | CVC: |
| | Exp: | | |

| | | | | | |
|-------------------|--|-----------------|--|----------------|--|
| | | | | | |
| (Instructor Name) | | (School Name) | | (School Phone) | |
| | | School Address: | | | |

Country of Residence:

| | | | | | | | | |
|-------------------|--------|--|--------|---------------|--|-------|--|--|
| Email: | | | Phone: | | | Cell: | | |
| Address: | | | | | | | | |
| City, ST Zip: | | | | | | | | |
| Emergency Contact | Name: | | | Relationship: | | | | |
| | Phone: | | | Email: | | | | |

Waiver and Release:

I agree to save and hold harmless Management, Sponsors, Classic Productions, Inc., Team Tokey Hill, LLC., the Greater Columbus Convention Center, and their officers, agents, members and employees from any and all liability resulting from injuries to any person or for damages to or loss of property owned or controlled by me. I fully understand and shall adhere to all rules and regulations. I release all photo and video rights that may be used for publicity, promotion and/or media release without any form of compensation.

(If registrant is under 18 yrs. Old; name of parent or legal guardian:)

Printed:
 Signature:

➡ NO REFUNDS ⬅

**Late registrations (postmarked or faxed after 2/17/2012),
 MUST include the \$50. Late Fee in order to be processed!**

Office use Only: Date: Conf#: