



“Dedicated to Drug-Free Sport”

REGISTRATION FORM

Name:.....

Address:.....

.....State:.....P/Code:.....

E-mail:.....

Occupation:.....

Mobile:.....Home/Work:.....

Date of Birth:.....Age:..... Male / Female (please circle)

Training Gym: Sponsor:.....

REGISTRATION FEE \$150

SEND VIA EMAIL OR FAX: PHONE: 02 9630 0338 FAX: 02 9757 4223 EMAIL: persportspro@bigpond.com

Payment accepted via visa / mastercard / cheque or bank deposit

Credit Card Payment Authority

Please debit my: Mastercard / Visa / Cheque / Bank Deposit

Cardholder No. ____ / ____ / ____ / ____ Card Expiry ____ / ____ CCV: _____

Amount: \$ _____

Cardholder's Name: _____

Signature: _____

Bank: St George BSB: 112-879 Account: 154 875 344 (please include your name and reference)

I am fully aware that the ANB organisation has entered in to a drug testing agreement with ASADA and I am prepared to provide a urine sample for the purposes of analysis for the detection of banned substances at any time when requested. I will be present for the entire show to undertake any such testing required and I am aware that failure to show up or provide a sample will disqualify me from the competition and any monies paid will not be refunded or reimbursed.

I fully understand that a condition of entering this contest was that I have not taken any banned substance prior to this competition and should I produce a positive test to a prohibited drug, I will be liable to reimburse the costs of the testing, will renounce any title, placing, prizes and trophies awarded and also accept the sanctions imposed by the ANB and or ASADA.

I consent to the use of any photographs, video recording or other images taken or recorded at this event by the ANB or its promoters, in any magazine, broadcast transmission or any other printed or electronic media for the purposes of promoting this or future events, the ANB or nominees or their promoters.

Signed:.....Date...../...../.....

WWW.ANB.COM.AU