

**2007 SMARTEST LOSER Lehigh Valley**  
**Official Entry Form**

The Registration entry **MUST** be received by February 28, 2007. No entries will be accepted after this date. The **FINAL** entry must be received by May 25, 2007. You will notified by mail that your Registration entry was accepted.

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE : \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL : \_\_\_\_\_

TRAINERS NAME: \_\_\_\_\_ CERTIFIED BY: \_\_\_\_\_

TRAINERS LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

TRAINERS EMAIL \_\_\_\_\_

BEGINNING WEIGHT: \_\_\_\_\_ ENDING WEIGHT \_\_\_\_\_

LOCATION OF WEIGH IN: \_\_\_\_\_

OFFICIALS SIGNATURE : \_\_\_\_\_

In consideration and of being accepted as an official participant, I hereby intend to be legally bound for myself, my heirs, executors and/or administrators, waive any and all rights and claims for damages I may have against Kathy Kolosky, All Star Health and Fitness, any of its representatives, sponsors or affiliates of any kind for this event for any and all injuries suffered by me at said event or anything related to this event. I hereby grant Kathy Kolosky, All Star Health and Fitness and its affiliates/agents the right to photograph and/or videotape and to reproduce my voice, appearance, name and/or any information relating to me for any merchandising and/or publicity purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check List of necessary items to be included with entry:

- \* **Completely filled out Application MUST attach a copy of PA picture identification.**
- \* **Registration Photo card with the current date, which is the date of the photo.**
- or
- \* **Final Photo card with the current date, which is the date of the photo**
- \* **Entry Fee \$100.00 (Money orders only) This includes your entry to the Awards Banquet**
- \* **Registration Essay**
- or
- \* **Final Essay**
- \* **Official Beginning Weight**
- Or
- \* **Official Final Weight** These weights must be done and authorized at one of our official sites.

MAIL TO: All Star Health and Fitness 57 S. Commerce Way #140, Bethlehem, PA 18017