



TEXAS DEPARTMENT OF LICENSING & REGULATION

Regulatory Program Management Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599

**CONTESTANT INFORMATION
MUST BE PRESENTED PRIOR TO WEIGH-IN
AMATEUR**

B

CONTESTANT NAME

HOME TOWN

CONTESTANT ID#
(EXP. DATE)

DATE OF BIRTH

B

SECONDS NAME

DATE-OF-BIRTH
(VERIFIED BY PHOTO ID)

B

SECONDS NAME

DATE-OF-BIRTH
(VERIFIED BY PHOTO ID)

B

SECONDS NAME

DATE-OF-BIRTH
(VERIFIED BY PHOTO ID)

B

SECONDS NAME

DATE-OF-BIRTH
(VERIFIED BY PHOTO ID)



I CERTIFY UNDER PENALTY OF PERJURY, THAT I HAVE NOT SUFFERED ANY INJURY OR ILLNESS IN THE LAST "60" DAYS INCLUDING BEING KNOCKED UNCONSCIOUS OR INJURED IN THE GYM.



I ACKNOWLEDGE THE ABOVE SECONDS ARE THE ONLY AUTHORIZED INDIVIDUALS ALLOWED IN MY DRESSING ROOM AND CORNER.

CONTESTANT'S SIGNATURE

DATE