

MEN'S BODYBUILDING

MEN'S PHYSIQUE



FIGURE & BIKINI

WOMEN'S PHYSIQUE

OCB COLONIAL OPEN
NATIONAL QUALIFIER
JULY 9, 2016 – Hampton, VA

Notice: The product Dream Tan is not permitted at the contest site (inside or out). If caught competitor will be disqualified.

Location: YORK HIGH SCHOOL. 9300 George Washington Memorial Hwy. Yorktown, VA 23692

Show times:

Men's Division (Men's Bodybuilding & Men's Physique): **10:00 am**

All men's division group comparisons will be done followed by a 15 minute intermission, then individual presentations and awards.

Women's Division (Figure, Bikini, & Women's Physique): **4:00 pm**

All women's division group comparisons will be done followed by a 15 minute intermission, then individual presentations and awards.

Divisions: Men's Bodybuilding: Novice (3 classes), Masters 60+, Masters 50+ (one class each), Masters 40+ (2 classes), Open (3 classes), Men's Physique: Novice (2 classes), 40+ (1 class), Open (4 classes). Women's Physique: Novice (1 classes), 40+ (1 class), Open (2 classes), Figure: Novice (3 classes), Masters 40+ (2 classes), Open (4 classes). Bikini – Novice (4 classes), 40+ (1 class), Open (4 classes).

Classes: Classes will split evenly by height in the manner specified in the OCB guidelines. *Promoter reserves the right to add or drop classes based on number of entries.*

Division Details: Novice Division: Open only to those who have not placed first in any class besides Teen within any division in the same category with any organization (unless was the only competitor in the class). Eligibility will be verified during polygraph testing. Masters Divisions: Open only to those falling into the stipulated age range (ex. 40+ is age forty and over). Open Divisions: Open to anyone regardless of age and level of experience.

Crossovers: A "crossover" is entering more than one division. For example, someone may enter the Masters division, if eligible, and also elect to crossover into the Open division and compete in it as well. **Crossovers between Figure, Bikini and Women's Physique are not permitted. Crossovers between Men's Physique and Bodybuilding are also not permitted.**

Awards: Awards for top five placements in each class. Overall awards given in divisions with more than one class

Entry Deadline: **July 2, 2016** for administrative and award purposes. Walk-in entries will not be accepted the day of the show.

Check-In: Check-in Friday, July 8th 3:00-9:00 pm at RED ROOF INN YORKTOWN, 4531 George Washington Hwy, Yorktown, VA or Saturday, July 9th 8:00-9:00 am at YORK HIGH (contest venue). If any competitor does not report for check-in prior to 9:00 am on Saturday he or she will be scratched from the show.

Contestant meeting: There will be no meeting. Music will be collected and numbers will be handed out at check-in.

Fees: If entry received by or postmarked by April 30th: Entry \$65. May 1st- May 31st: Entry \$75. June 1st – July 2nd: Entry \$85. Crossover is \$50 per additional class. Walk-in entries will not be accepted the day of the event. Polygraph Exam \$45 (payable to the examiner at the time of testing). OCB Membership must be purchased in advance by 6/31/16 at www.OCBonline.com. A current OCB membership number will be required at registration. **Fees non-refundable.**

Tickets: General Seating for Men's / Women's divisions separately \$20, Full day for both events \$35, Kids 12-6 \$10, Kids 5 and under FREE. Trainer Tickets: \$50 for those helping a competitor prepare backstage- one trainer max per competitor is permitted –

Tickets non-refundable. Only cash or accepted day of the event.

Drug Testing: Polygraph testing for all competitors \$45 to be paid in cash to the polygraph examiner at the time of testing. Photo identification required. Athletes will be sent a link via email at least two weeks prior to the contest to register for the poly on line. ALL COMPETITORS WILL BE TESTED PRIOR TO STEPPING ON STAGE

Music: Competitors are to supply own music for individual presentations on CD with no profanity (if burning music to CD on a computer, please test it afterwards on a regular CD player to ensure it works outside the PC platform). Bring music to check-in on Friday. Costumes/props are permitted for Bodybuilding, and Men's/Women's Physique and **are not** allowed for Figure and Bikini.

Professional Services Available for Purchase: OCB STAGE PHOTOGRAPHY: PhysiquePhotos.PhotoReflect.com (623) 734-7599.

Tanning: by Blaze Bronzing. To schedule, email blazebronzing@gmail.com or call (919) 706-5988

Host Hotel: RED ROOF INN YORKTOWN, 4531 George Washington Hwy, Yorktown, VA

To make reservations, call (757) 283-1111 or visit www.kparrott.com for direct link for special rate booking online.

Directions to York High: From Interstate 64: Take exit 250B onto VA 105 E, Fort Eustis Blvd toward Yorktown, Turn left onto George Washington Memorial Hwy, Turn right onto Crook Rd. 9300 George Washington Hwy

Airports: Closest airports to contest site are Norfolk International (ORF), Newport News Williamsburg International (PHF) –, Richmond International (RIC)

Payment: Send Entry Form and payments to: Kevin Parrott, C/O Xtreme Muscle Gym, 1415 N. King Street, Hampton, VA. 23669. Checks are only accepted through June 21, 2016. Credit cards are accepted through June 18th. After June 18th only cash and money orders will be accepted.

Contact: Kevin Parrott, sculptyourbod76@gmail.com, (757) 291-1115 or Marjorie Thrash, mthrash1@verizon.net (757) 969-8762 for more information or questions.

***Keep this page for your reference – www.naturalmusclenetwork.com**

OCB COLONIAL OPEN
NATIONAL QUALIFIER
July 9, 2016 – Yorktown, VA



ENTRY FORM		(Please print legibly)	
Name: _____	Email: _____		
Address: _____	Phone: _____		
City: _____	State: _____	Postal Code: _____	
Date of Birth: _____	Age: _____	Height: _____	Weight: _____

WAIVER/RELEASE
<p>Waiver: I hereby intend to be legally bound for myself, my heirs, executors and administrators, and waive and release any and all rights and claims for damages I may have against the facility owners, OCB, the promoters, and any sponsors, agents, or representatives for any injuries suffered by me as a result of my participation and/or losses suffered by me as a result of my participation and/or attendance at this contest. I hereby grant the promoters, OCB, any approved magazine, video or entertainment organization and all of their agent's successors, licensees and assignees, the right to photograph or otherwise reproduce my voice, appearance and name and exhibit, distribute, transmit and/or otherwise exploit any and all media, including without limitation, by means of still photography, motion pictures, radio, television, printing, or any other medium now known or hereafter devised, including audio with respect to any merchandising, advertising, and/or publicity and the right to use my name and information about me in connection with any of the foregoing. No further compensation shall be payable to me at any time in connection therewith. Nothing contained herein shall be deemed to obligate, OCB and/or any magazine, video or any approved video entertainment organization to photograph or otherwise reproduce my voice, appearance or name, or to make use of any of the rights granted herein. I also understand that the aforementioned rights may be reassigned at any time without further comment.</p> <p>I agree to abide by the decision of the OCB, and/or contest promoters concerning my participation in an OCB-sanctioned contest pending the results of any form of testing used to detect use of banned substances with OCB. I understand that the administrator or laboratory utilized for substance screenings is the choice of OCB and/or the promoters, and agree to accept the results of said testing, whatever they may be. I hereby waive and release any claims or demands against the OCB, its representatives, sponsors and promoters that may arise out of my participation in an OCB-sanctioned event or my membership in the OCB.</p> <p>I have read, understand, and agree to the above terms.</p> <p>Name: _____ Date: _____</p> <p>Signature: _____</p> <p>If under 18, parent's name: _____</p> <p>Parent's signature: _____</p> <p>T- shirt size: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/></p> <p>Trainer/coach: _____</p> <p>Trainer contact info: _____</p> <p>Competitor's Facebook name: _____</p>

DIVISION(S) ENTERING <i>(check)</i>	
Men's Bodybuilding	Men's Physique
___ Grand Masters 60+	___ Master 40+
___ Masters 50+	___ Novice
___ Masters 40+	___ Open
___ Novice	
___ Open	
Women's Physique	Figure
___ Master 40+	___ Masters 40+
___ Novice	___ Novice
___ Open	___ Open
Bikini	Crossover
___ Master 40+	Write in division
___ Novice	_____
___ Open	_____
ADVANCE TICKET SALES <i>(quantity)</i>	
Trainer pass \$50 x _____ = \$	
All day pass \$35 x _____ = \$	
Men's 10am \$20 x _____ = \$	
Women's 4pm \$20 x _____ = \$	
Children over 5yrs \$10 x _____ = \$	
<p><i>Novice: Open only to those who have not placed 1st in any class besides Teen within any division in the same category (Ex. Figure) with any organization (with the exception of cases where first place was won in a class that only had one competitor in it). Eligibility is verified during polygraph testing.</i></p> <p>If entry received by or postmarked by April 30th: Entry \$65. May 1st- May 31st: Entry \$75. June 1st - July 2nd: Entry \$85. Crossover is \$50 per additional class.</p>	
Trainer pass \$_____	Payment by (check one)
Entry fee \$_____	___ check *
Crossover fee(s) \$_____	___ money order
Tickets \$_____	___ credit card
Total \$ _____	(see attached form)
Make check payable to: Kevin Parrott	* Checks are only accepted through June 21, 2016
Mail payment to: Xtreme Muscle Gym 1415 King Street Hampton, VA 23669	

If paying by credit card, complete below and fax to 757-221-8086 or mail to above address.

If paying with Visa/MasterCard (4% convenience fee added): Circle one: Visa or MasterCard
Name on card: _____ 3 Digit security code: ___ ___ ___ (on back of card)
Card#: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ Exp Date: _____
Signature authorizing billing: _____ Today's Date: _____
Zip code of billing address for credit card _____