

NGA GALLERY TEMPLATE

Pro Athlete OR Personal Trainer OR NGA Promoter OR NGA Judge

Please include information you would like to have included in the NGA GALLERY on our website and submit to the NGA with 1 or 2 favorite picture of yourself in .jpg format.

NAME:

OCCUPATION:

GENDER: M ___ F ___

Place of Birth:

HOBBIES:

MARITAL STATUS: S ___ M ___ D ___

CHILDREN: No ___ Yes ___

How many ___

FAVORITE . . .

Movie:

EMAIL:

Actor:

WEBSITE:

Band:

FACEBOOK:

PHONE:

Performer:

STATE in which you reside:

Food:

AVAILABLE FOR POSING EXHIBITION

and/or SEMINARS? Yes No

TV Show:

NGA Promoter: *Please also check any items that apply to you in the NGA Pro Athlete and/or Personal Trainer categories.*

PROMOTING since: _____

NGA PROMOTING since: _____

NGA Judge: *Please also check any items that apply to you in the NGA Pro Athlete and/or Personal Trainer categories.*

JUDGING since: _____

NGA JUDGING since: _____

NGA Pro Athlete:

CHECK ALL THAT APPLY:

- | | |
|---|---|
| <input type="checkbox"/> Pro Bodybuilder | <input type="checkbox"/> Pro Bikini |
| <input type="checkbox"/> Pro Master Bodybuilder | <input type="checkbox"/> Pro Master Bikini |
| <input type="checkbox"/> Pro Male Physique | <input type="checkbox"/> Pro Female Bodybuilder |
| <input type="checkbox"/> Pro Male Master Physique | <input type="checkbox"/> Pro Female Physique |
| <input type="checkbox"/> Pro Figure | <input type="checkbox"/> Pro Fitness |
| <input type="checkbox"/> Pro Master Figure | |

NGA Personal Trainer:

CHECK ALL THAT APPLY:

- | | |
|---|---|
| <input type="checkbox"/> Amateur Athlete | <input type="checkbox"/> Professional Athlete |
| <input type="checkbox"/> Gym Owner | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Certified Personal Trainer | <input type="checkbox"/> Master Fitness Trainer |

TRAINING Since: _____ **YEAR TURNED PRO:** _____

PERSONAL TRAINER Since: _____

STATS: Height: _____

Weight: Preshow _____ Weight: Show _____

NGA PERSONAL TRAINER Since: _____

Best body part

EDUCATION:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> HS Graduate | <input type="checkbox"/> Some College |
| <input type="checkbox"/> College Graduate | <input type="checkbox"/> Other |

Most challenging body part

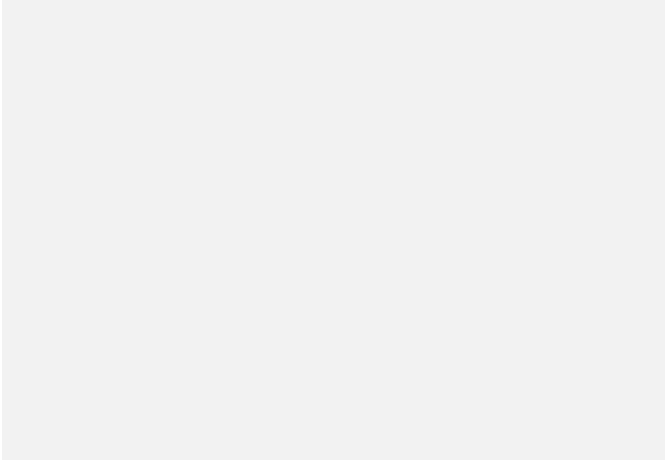
Traits admire most in others

Favorite exercise

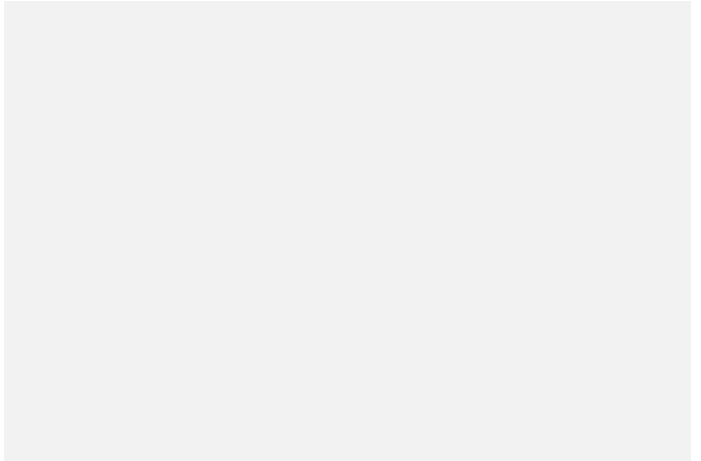
Traits admire most in yourself

Least Favorite exercise

WINNINGS/PLACINGS:



OTHER / CERTIFICATES:



BIO: Give a brief description of yourself, beliefs and/or something you want people to know about you.

