



## WBPF MONGOLIA

9<sup>TH</sup> World Bodybuilding & Physique Sports Championships  
and Annual Congress  
2<sup>nd</sup> – 9<sup>th</sup> October, 2017  
Ulaanbaatar, Mongolia.

### FINAL ENTRY FORM

In order to assist in the planning and organization of these championships,  
Please complete the Entry Form and return it to the Organizing committee  
AS SOON AS POSSIBLE, BUT NO LATER THAN 31<sup>ST</sup> AUGUST, 2017

PLEASE TYPE IN CAPITAL FONT

FEDERATION NAME: _____	_____
FAX: _____	E-MAIL: _____
1 <sup>st</sup> DELEGATE: _____	PASSPORT NUMBER: _____
2 <sup>nd</sup> DELEGATE: _____	PASSPORT NUMBER: _____
EXECUTIVE COUNCIL MEMBER: _____	PASSPORT NUMBER _____
SUB-COMMITTEE MEMBER: _____	PASSPORT NUMBER _____

PRINCIPLES	AGE	CATEGORY	ATHLETES NAME	PASSPORT NO.	
BODYBUILDING	MEN	Junior	Up to 75 kg	A	
			B		
		Over 75 kg	A		
			B		
		Masters	40-49 yr	A	
				B	
			50-59 yr	A	
				B	
			60 yr and above	A	
				B	
		Senior	Up to 55 kg	A	
				B	
	Up to 60 kg		A		
			B		
	Up to 65 kg		A		
			B		
	Up to 70 kg	A			
		B			
Up to 75 kg	A				
	B				
Up to 80 kg	A				

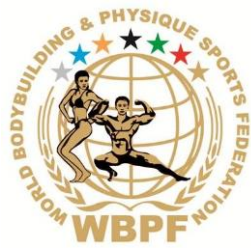


				B	
			Up to 85 kg	A	
				B	
			Up to 90 kg	A	
				B	
			Up to 100 kg	A	
				B	
			Over 100 kg	A	
				B	

	WOMEN	Senior	Up to 55 kg	A	
				B	
			Over 55 kg	A	
				B	

FITNESS PHYSIQUE	MEN	Senior	Up to 170 cm	A	
				B	
			Over 170 cm	A	
				B	
	WOMEN	Senior	Up to 160 cm	A	
				B	
			Up to 165 cm	A	
				B	
Over 165 cm			A		
			B		

ATHLETIC PHYSIQUE	MEN	Senior	Up to 160 cm (+2 kg)	A	
				B	
			Up to 167 cm (+4 kg)	A	
				B	
			Up to 175 cm (+6 kg)	A	
				B	
			Up to 182 cm (+8 kg)	A	
				B	
			Over 182 cm (+10 kg)	A	
				B	
	WOMEN	Senior	Up to 160 cm	A	
				B	
Up to 165 cm			A		
			B		
		Over 165 cm	A		
			B		



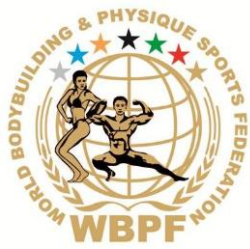
MODEL PHYSIQUE	WOMEN	Senior	Up to 160 cm	A	
				B	
			Up to 165 cm	A	
				B	
			Up to 170 cm	A	
				B	
			Over 170 cm	A	
				B	
SPORTS PHYSIQUE	MEN	Senior	Up to 170 cm - 102 = Max. Bodyweight	A	
				B	
			Up to 175 cm - 100 = Max. Bodyweight	A	
				B	
			Up to 180 cm - 100+2 = Max. Bodyweight	A	
				B	
			Over 180 cm - 100+4 = Max. Bodyweight	A	
				B	
	WOMEN	Senior	Up to 165 cm	A	
				B	
			Over 165 cm	A	
				B	

JUDGE _____	PASSPORT NO. _____
JUDGE _____	PASSPORT NO. _____

TEST JUDGE _____	PASSPORT NO. _____
TEST JUDGE _____	PASSPORT NO. _____

\*PLEASE INDICATE THE NAME AS WRITTEN IN THE PASSPORT AND THE PASSPORT NUMBER

NUMBER OF EXTRA DELEGATES & SUPPORTERS:	
NAME _____	PASSPORT NO. _____
NAME _____	PASSPORT NO. _____
NAME _____	PASSPORT NO. _____
ARRIVAL DATE, TIME & FLIGHT NO.: _____	
DEPARTURE DATE, TIME & FLIGHT NO.: _____	



Please be advised that there will be total Forty (40) categories for these Championships

PLEASE RETURN THE FINAL ENTRY FORM ALONG WITH PASSPORT COPIES AND PASSPORT SIZE COLOR PHOTOGRAPH, CONFIRMING YOUR PARTICIPATION WITH NAMES OF ALL PARTICIPANTS (DELEGATES, ATHLETES, SUPPORTERS, ETC.), NO LATER THAN 31<sup>st</sup> August, 2017. NOTE: ONLY EXECUTIVE MEMBERS AND STANDING SUB-COMMITTEE MEMBERS OF WBPF ARE TO ARRIVE ON 2<sup>ND</sup> OCTOBER, THE REST OF THE DELEGATES AND ATHLETES ARE TO ARRIVE ON 3<sup>RD</sup> OCTOBER AND DEPART ON 9<sup>TH</sup>.

PLEASE SEND THE FINAL ENTRY FORM TO:

**Attn : Mr. Odbaatar Sedjav**  
**Secretary-General**  
**Mongolian Bodybuilding & Fitness Federation**  
**Olympic House, Chinggis Avenue,**  
**Ulaanbaatar 210648 – Mongolia**

**TEL: +976 - 99286777**

**EMAIL: [od\\_ncp@yahoo.com](mailto:od_ncp@yahoo.com)**

**c.c.**

**Attn: Datuk Paul Chua**  
**Secretary General – WBPF**  
**35 Tannery Road, Tannery Block,**  
**#04-01 Ruby Industrial Complex,**  
**Singapore 347740**

**Tel: (+65) 6748-6970**

**Mobile: (+65) 96163203/(+65) 9645-5466**

**Fax: (+65) 6747-9846**

**Email: [wbpsecretary@yahoo.com](mailto:wbpsecretary@yahoo.com)**



## MEDIA ACCREDITATION FORM

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FAMILY NAME: .....  
(MR/MRS)

FIRST NAME: .....

NATIONALITY: .....

SEX (M/F): .....

JOB TITLE: .....

MEDIA ORGANISATION: .....

.....

PASSPORT NO: .....

PROFESSIONAL CARD NO: .....

Duties to be performed in the Championships (please specify)

JOURNALIST	VIDEO CAMERA PERSON	PHOTOGRAPHIC CAMERA PERSON	TECHNICIAN	OTHER Please specify

CONTACT ADDRESS: .....

TELEPHONES: .....



FAX: .....

EMAIL: .....

TIME AND DATE OF ARRIVAL: .....

DATE AND SIGNATURE OF APPLICANT: .....

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FOR OFFICE USE ONLY

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