

Contest Registration Form

Name: _____

Contest/Category you are entering: _____

Age: _____ Sex: _____

Artist Name: _____

Description of Piercing or Tattoo: _____

Location of Piercing or Tattoo: _____

E-mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

Amount Paid: \$ _____

Signature: _____

Parent Signature (if under 18): _____

Printed Name Of Parent: _____

Contest Number assigned: _____ Baller Employee Initials: _____

All contest: \$10.00 unless listed below

Dc Pin Up and Tricycle Race: \$30.00