



CALMEX Staff Only	
Contestant Number	_____
Pre-Teen	_____
Junior	_____
Adult	_____

**IPMS/S.W.A.M.P.  
CALMEX REGISTRATION SUMMARY**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

#	Scale	Model	Category #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Contestant releases S.W.A.M.P., its members, sponsors and host facility from any liability whatsoever in the event of damage to any model(s) and agrees that any model(s) displayed at CALMEX may be photographed. It is further agreed that ownership of all copyrights resulting from photographs taken at CALMEX vest in the photographer.

Contestant: \_\_\_\_\_ Date: \_\_\_\_\_