



QUINCY ROBERTS P.O.BOX 77901 GREENSBORO NC 27417  
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## OFFICIAL ASSESSMENT SHEET

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_

ENTRY FEE \$40.00 NON-REFUNDABLE CERTIFIED CHECK OR MONEY ORDER PAYABLE TO  
QUINCY ROBERTS

BEGINNING MEASUREMENTS DATE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BODY FAT% \_\_\_\_\_

ARMS \_\_\_\_\_ CHEST \_\_\_\_\_ WAIST \_\_\_\_\_ THIGHS \_\_\_\_\_ HIPS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_

BY SIGNING AS WITNESS I VERIFY THESE MEASUREMENTS ARE CORRECT AND PHOTO WAS TAKEN ON THIS DAY.

FINAL MEASUREMENTS DATE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BODY FAT% \_\_\_\_\_

ARMS \_\_\_\_\_ CHEST \_\_\_\_\_ WAIST \_\_\_\_\_ THIGHS \_\_\_\_\_ HIPS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_

BY SIGNING AS WITNESS I VERIFY THESE MEASUREMENTS ARE CORRECT AND PHOTO WAS TAKEN ON THIS DAY.