

TrūIQ® 2019 Transformation Challenge

Registration Form



PARTICIPANT INFORMATION

IBP or Preferred Customer #: _____

First and Last Name: _____

Daytime Phone: _____

Evening Phone: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

WHAT ARE YOUR 90-DAY GOALS?

- Lose Weight
- Get Lean and Toned
- Lose Weight and Build Muscle
- Build Muscle and Strength

MUST BE 18 OR OLDER TO PARTICIPATE

- By checking this box, you certify that you are at least 18 years of age.
- MALE
- FEMALE

Start Date of 90-day Program: _____

Starting Weight: _____

Starting Measurements:

Biceps: _____

Chest: _____

Waist: _____

Hips: _____

Thighs: _____

Who Referred You to the 2019 Transformation Challenge?

PARTICIPANT'S SIGNATURE:

By signing above, you acknowledge that you have read the Rules and Regulations governing the 2019 TrūIQ® 2019 Transformation® Challenge, and agree to be bound by these Rules and Regulations.

This registration form must be accompanied by front and back “before” photos to be considered a complete registration. You can email the photos to transformation@truiqglobal.com or mail with this completed application to TrūIQ Global, LLC. c/o Transformation Challenge 2019 PO Box 708055 Sandy, UT 84070. Or email to transformation@truiqglobal.com. Entries must be postmarked by February 2, 2019.