

USA POWERLIFTING

AMERICAN RECORD APPLICATION FORM

Name of Contest 2010 Missouri State/ Ozark PL & BP Championships

Date 3-13-10

Athlete's name _____ Sex _____

Address _____ City _____

State _____ Zip _____ Phone () _____

Club Affiliation _____ USAPL# _____

Bodyweight _____ Weight class _____ Age _____ (on last birthday)*

* Birth certificate is required for proof of age when setting **Teenage, Master, Junior** and **Collegiate** American records

Place the Record Category number(s) (1-6) on the blank(s) under the Number Code which correspond to the type of record(s) set. **USE ONE FORM FOR ALL RECORD LIFTS.**

Record Categories	Key Code	Record(s) Set:	Equipped	Raw
1. World	_____	SQUAT _____ kgs x 2.2046= _____ lbs.	<input type="checkbox"/>	<input type="checkbox"/>
2. Open American	_____			
3. Teenage American	_____	BENCH _____ kgs x 2.2046= _____ lbs.	<input type="checkbox"/>	<input type="checkbox"/>
4. Junior American	_____			
5. Master American	_____	DEADLIFT _____ kgs x 2.2046= _____ lbs.	<input type="checkbox"/>	<input type="checkbox"/>
6. Collegiate American*	_____	TOTAL _____ kgs x 2.2046= _____ lbs.	<input type="checkbox"/>	<input type="checkbox"/>

*Proof of full time collegiate status "in good standing" required

Officials Statement: We, the undersigned, have witnessed the accredited performance of the above lift(s) according to the rules of the USAPL. The lifter was weighed-in within two hours of the competition, the lifter and equipment/ attire were checked according to said rules, and all have been found to be in order. We are current members in good standing with the USAPL and certified USAPL referees.

Referee's Signature	USAPL	Nat.	INT'L	Squat	Bench	Deadlift	Total*
<u>Donna Boninger</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Travis Brown</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Michael [unclear]</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official Weigher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check box if weigher was not an official but suitably appointed by an official

Drug Testing Officer _____ (check one) Urine Blood

* If only a total record was set, three duly certified referees must have been present at the meet and sign this form.

ATHLETE'S SIGNATURE _____

(Meet Director, Drug Testing Officer, Head Referee In Charge, and Record Setters see the back of this form.)

This form is to be accompanied by: (1) Scale certification and date. 2) A copy of the USAPL Meet Sanction. 3) Meet results or score card. 4) Birth Certificate, if applicable.

THIS APPLICATION FORM MUST BE SENT TO THE NATIONAL OFFICE WITHIN 30 DAYS OF THIS MEET.
USA POWERLIFTING National Office - PO Box 888, Columbia City, IN 46725
(260) 248-4889 / (260) 248-4879 fax