

## USPF AMERICAN RECORD APPLICATION



~American Records require at least 2 of the 3 USPF Referees (all 3 must have current memberships and be Official USPF Referees) ranked at a National or International level.~

~Meet Directors must send the meet results to the American Records Chair within 14 days for verification prior to new records and certificates being issued.~

~American Record Applications must be sent to the American Records Chair within 30 days of the date of the record being set. ~ Please print clearly.

Name			Male or	Female
Address	Cit	ty	State	Zip
Birth Date & Year	Phone		Email	
Age Day of Meet Me	eet Date	Body Weight_	Weigh	t Class
Registered USPF Members	hip Card #	Expi	iration Date	
Name of Competition			USPF San	iction#
Location (City & State)		Meet Dir	rector	
Military Branch (for Milita	ry Records only ~	active duty only) _		
Police or Fire Department	Name (for Police/	Fire Records only)		
Check the division <mark>yor</mark>	<mark>i entered</mark> :			
PRETEEN RAW	RAW K/S [	DIVISION 3 (Knee Sle	eves or No Aids)	
RAW K/W DIVISION 4 ( Squat)	Knee Wraps <b>MUST</b>	be worn in Squat & i	is <b>only offered in</b>	Full Power and S/L
SINGLE PLY ~ DIVISION	1N	1ULTI PLY ~ DIVISON	12	
Check the event(s) you can be entered only if cato write lbs. if used:				
FULL POWER MEET: Squ	ıat Bench Pr	ess Deadlift_	Total	
PUSH/PULL MEET: Bend	h Press Dead	dlift Total		
SINGLE LIFT SQUAT MEE	T: Squat	SINGLE LIFT B	ENCH PRESS MEE	T: Bench
SINGLE LIFT DEADLIFT N	EET: Deadlift	_		
Círcle category you en out separate applicati Open Sub Preteen: 9-10 11-1 Masters: 40-44 A High School	ons for each ca Masters 2 Teen: 1 45-49 50-54 5	tegory): 3-15 16-17 18-	19 Jun 5-69 70-74 7	iors (20-23)

Total # of records on this application:	<u> </u>
Do you want a Certificate(s)? Yes or No	( <u>If neither is circled, no certificate will be issued</u> .)
* <b>PDF</b> emailed to you ~ FREE (Use your o	choice of types of papers.)
	~ \$5 (Printed on parchment paper. PayPal order payable to Sheri Hartmann and send to
<u>Full Power Only</u> : Is this a new <b>Lifter Cla</b> need to fill out a Lifter Classification Applica	
All three (3) Referees' & Weigh-In Offici rank circled. All Referees <b>MUST</b> be an USPF Referee ID card.	
Referee	_ (Rank: State, National, or International)
*Print Referee's Name	USPF Member # & Exp. Date
Referee	_ (Rank: State, National, or International)
*Print Referee's Name	USPF Member # & Exp. Date
Referee	_ (Rank: State, National, or International)
*Print Referee's Name	USPF Member # & Exp. Date
Weigh-In Official	(Rank: State, National, or International)
*Print Official's Name	USPF Member # & Exp. Date
Athlete's Signature:	Date:

## Please send <u>completed</u> application(s) to:

USPF American Records Chair ~ Sheri Hartmann
P.O. Box 1148, Tombstone, AZ 85638
Email: USPFtheLegend@aol.com
(A jpeg copy of the Application may emailed to the above email address in lieu of "snail mail".)
PayPal available online on USPF American Records page.