

POWERLIFTING ENTRY FORM

Area

Team Name

Head CoachCertified Coach

Cell PhoneHome PhoneWork Phone

Head Coach E-mail

NAME LAST, FIRST	AGE	DATE OF BIRTH	GENDER
Athlete # 1 <div></div>	<div></div>	<div></div>	<div><input type="radio"/> Male</div> <div><input type="radio"/> Female</div>

Male Weight Class

Female Weight Class

EVENTS
CHECK 1 EVENT ONLY

☐ BENCH PRESS

☐ DEADLIFT

☐ SQUAT

☐ COMBINATION A -
BENCH & DEADLIFT

☐ COMBINATION B -
BENCH - DEADLIFT - SQUAT

PRELIMINARY LIFT WEIGHT
(ENTER WEIGHT IN POUNDS)

BENCH PRESS

DEADLIFT

SQUAT

COMBINATION A

COMBINATION B