

## SUPERIOR WORLD POWERLIFTING ~ SWP

**RECORD APPLICATION** (For USPF Nationals only)

~World Records require at least 2 of the 3 Referees (all with current memberships) ranked at an International or National Class 1 level.

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

~World Record Applications must be sent to the World Records Chair <u>within 30 days</u> of the date of the record being set.

<u>Please print clearly</u>. Application will be returned if it is not complete or legible.

Name			Male or Female
Address			
City			
Birth Date & Year Phone #		Em	ail
Age Day of Meet Meet Date	Body	Weight	Weight Class
Registered USPF Membership Card #		Expirati	on Date
Name of Competition		u	JSPF Sanction #
Location (City & State)		Meet Dir	ector
Check the Division you entered:			
Raw KS Division 3 (Original Raw – Kne	e Sleeves or	No Aids wo	orn)
Raw KW Division 4 (FP and S/L Squat	<i>only</i> - Knee \	Nraps <u>must</u>	<u>be worn</u> for Squat)
Single Ply – Division 1			
Multi Ply – Division 2			
Check the Event(s) you entered and ente	r your reco	rd weight i	n KILOS:
Full Power Meet: Squat Bench	Press	Deadlift	Total
Single Lift Squat Meet: Squat			
Single Lift Bench Press Meet: Bench			
Single Lift Deadlift Meet: Deadlift			

Age Category entered – <u>fill in age group</u> for Te	en or Masters:
(If more than one category was entered, please fill out	t separate applications for each category.)
Open Preteen Teen	Juniors (20-23)
Submasters (35-39) Masters	_
All three (3) Referees' & Weigh-In Official's sig	gnatures along with rank circled:
Referee	(Rank: State, National 1 or 2, or International)
Print Referee's Name	USPF Member # & Exp. Date
Referee	(Rank: State, National 1 or 2, International)
Print Referee's Name	USPF Member # & Exp. Date
Referee	(Rank: State, National 1 or 2, International)
Print Referee's Name	USPF Member # & Exp. Date
Weigh-In Official	(Rank: State, National 1 or 2, International)
Print Official's Name	USPF Member # & Exp. Date
Athlete's Signature:	Date:
Athlete's Signature:   Total # of records on this application:	Date:
<i>Total # of records on this application:</i>	her is circled, no certificate will be issued.)
Total # of records on this application: Do you want a Certificate(s)? Yes or No (If neit	ther is circled, no certificate will be issued.) r choice of types of papers.) 5 (Printed on parchment paper. Send
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