USPF OREGON STATE RECORD APPLICATION

~State Records require 3 USPF Referees with current membership.~

~Meet Directors must send the meet results to the USPF State Chair for the state in which they reside within 14 days for verification prior to new records and certificates being issued.~

~State Record Applications must be sent to the State Records Chair for the state in which they reside within 30 days of the date of the record being set.~

Please print clearly.

Name		Male or Female		
Address		City	State	Zip
Birth Date & Year_	Phone		Email	
Age Day of Meet	Meet Date	Body Weight_	Weight	Class
Registered USPF Me	embership Card #	Exp	oiration Date	
Name of Competition		USPF Sanction#		
Location (City & State)		Meet Director		
Military Branch (for	· Military Records only	y ~ active duty only)		
	tment Name (for Poli			
Check the division	m <mark>you entered</mark> :			
PRETEEN RAW	RAW K	/S DIVISION 3 (Knee SI	eeves or No Aids)	
RAW K/W DIVIS	SION 4 (Knee Wraps <i>MU</i>	<i>IST</i> be worn in Squat &	is only offered in	Full Power and S/L
SINGLE PLY ~ DIVISION 1		MULTI PLY ~ DIVISOI	N 2	
	s) <mark>you entered</mark> and ly if calibrated discs d) :			
FULL POWER ME	ET: Squat Bench	n Press Deadlift	Total	
PUSH/PULL MEE	T: Bench Press D	Deadlift Total	<u></u>	
SINGLE LIFT SQU	AT MEET: Squat	SINGLE LIFT E	BENCH PRESS MEE	T: Bench
SINGLE LIFT DEA	DLIFT MEET: Deadlift			
out separate app Open Preteen: 9-1 Masters: 40	you entered (if mo plications for each SubMasters 0 11-12 Teer -44 45-49 50-54 Collegiate N	<i>category)</i> : n: 13-15 16-17 18	-19 Juni 5-69 70-74 7	ered, please fill ors (20-23) 5-79 80+

Total # of records on this applica	ation:		
Do you want a Certificate(s)? Yo	es or No (<u>If neither is circled, no certificate will be issued</u> .		
* PDF emailed to you ~ FREE (Use your choice of types of papers.)		
	first class ~ \$6 (Printed on parchment paper. PayPa c/money order payable to Sheri Hartmann and send to		
Full Power Only : Is this a new I need to fill out a Lifter Classificatio	Lífter Classíficatíon for you? (You wíll n Applicatíon form.)		
2	In Official's <u>signatures are required</u> along with S T be an Official USPF Referee with a current		
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(Rank: State, National, or International)		
Referee			
*Print Referee's Name	USPF Member # & Exp. Date		
Weigh-In Official	(Rank: State, National, or International)		
*Print Official's Name	USPF Member # & Exp. Date		

Please send completed application(s) to:

USPF Oregon State Records Chair:

~Dan Logman~

717 SW 14th St, Pendleton, OR 97801 Email: USPFORStateRecords@USPFtheLegend.com