





~H.S. National 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 SWP/International level.

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

 $\sim$  National Record Applications must be sent to the American Records Chair within 30 days of the date of the record being set.

	~ <u>Please j</u>	<u>print clearly</u> . ~			
Name				Male or Female	
Address	Cit	У	State	Zip	
Birth Date & Year	Phone	Phone Email			
Age Day of Meet M	eet Date	Body Weight	Weight	t Class	
Registered USPF Member	ship Card #	# Expiration Date			
Name of Competition			USPF San	ction#	
Location (City & State)		Meet Director			
Check the division <mark>yo</mark>	<mark>u entered</mark> :				
HS RAW ~ DIVISION A	HS SINGLE	PLY ~ DIVISION B	HS MU	ILTI PLY ~ DIVISON C	
Check the event(s) <mark>yo</mark> can be entered only if c <b>to write lbs. if used</b> ):		2	U		
FULL POWER MEET: Sq	uat Bench Pre	ess Deadlift_	Total		
PUSH/PULL MEET: Ben	ch Press Deac	llift Total			
SINGLE LIFT SQUAT ME	ET: Squat	SINGLE LIFT B	ENCH PRESS MEE	T: Bench	
SINGLE LIFT DEADLIFT N	/IEET: Deadlift	_			
Total # of records on Do you want a Certif			ircled no certific	rate will be issued )	
2 2	jou ~ FREE (Use yo	-	-		
	$\int u$ in $\int u$ $\int u$	a choice of type.	, of puper sig		

\***Paper Certificate** mailed first class ~ \$10 (Printed on parchment paper. PayPal available online or send check/money order payable to Sheri Hartmann and send to address below.)

All three (3) Referees' & Weigh-In Official's <u>signatures are required</u> along with rank circled. All Referees **MUST** be an Official USPF Referee with a current 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.