





~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 to write lbs. if used):		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.