



POWERLIFTING ENTRY FORM



AREA #: _____ **AGENCY:** _____

Certified Coach Registered with SOGA: _____ **Phone Number:** _____

#	"P" if UNIFIED PARTNER	ATHLETE'S LAST NAME	FIRST NAME	M or F	DOB	O-OPEN U-UNIFIED	WEIGHT CLASS	BENCH PRESS	DEADLIFT	SQUAT	COMB . 2	COMB . 3
1							____ lbs. _____ .	_____ lbs.	_____ lbs.	_____ lbs.		
2							____ lbs. _____ .	_____ lbs.	_____ lbs.	_____ lbs.		
3							____ lbs. _____ .	_____ lbs.	_____ lbs.	_____ lbs.		
4							____ lbs. _____ .	_____ lbs.	_____ lbs.	_____ lbs.		
5							____ lbs. _____ .	_____ lbs.	_____ lbs.	_____ lbs.		
6							____ lbs. _____ .	_____ lbs.	_____ lbs.	_____ lbs.		
7							____ lbs. _____ .	_____ lbs.	_____ lbs.	_____ lbs.		
8							____ lbs. _____ .	_____ lbs.	_____ lbs.	_____ lbs.		
9							____ lbs. _____ .	_____ lbs.	_____ lbs.	_____ lbs.		
10							____ lbs. _____ .	_____ lbs.	_____ lbs.	_____ lbs.		

- Indicate whether the lifter will compete in Open or Unified Competition.
- Record the MAXIMUM lift the athlete has achieved for each event he/she is entering.
- The lift may elect to enter one or all of the events.