



**POWERLIFTING ENTRY FORM**

Agency Name/Code: \_\_\_\_\_ Area: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Head Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Assistant Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Athlete's Name	Birth Date	Sex	Down's Syndrome (Y or N)	Weight (In Kg)	Events					
					Bench Press	Dead Lift	Combination	Modified Push-Ups	Sit-Ups	Exer-cycle
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										