Special Olympics Missouri

POWERLIFTING ENTRY FORM

Agency Name/Code: _____ Area (KC,STL,SW,C,SE,N): _____

Head Coach Name: _____ Phone: _____ Email: _____

Assistant Coach Name: _____ Phone: _____ Email: _____

Athlete's Name	Birth Date	Sex (M or F)	Down's Syndrome (Y or N)	Weight (in Kg)	Events				
					Bench Press	Dead Lift	Squat	Combo (BP & DL)	Combo (BP, DL, & S)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									