


MIDWEST IRON REAPING

South Dakota APF/AAPF Powerlifting Championships

September 30, 2017

- SPONSORED BY:** **RIVER CITY FITNESS** **RIVER CITY FITNESS - Pierre**
Chamberlain, SD | Ph: (605) 234-1018 Pierre, SD | Ph: (605) 224-1425
- MEET DIRECTORS:** **John Lenz, SD APF State Co-Chairman** **J.R. Bolger, SD APF State Co-Chairman**
River City Fitness Ph: 605-222-8640
Email: rivercityfitness@hotmail.com Email: powerlifter6662000@yahoo.com
Web: www.rivercityfitness.com
- MEET UPDATES:** Find the “2017 Midwest Iron Reaping” event page on Facebook 
- SANCTIONED BY:** The American Powerlifting Federation (APF/AAPF)
- PLACE:** **AmericInn® Lodge & Suites Chamberlain - Conference Center**
Address: 1981 E King Ave, Chamberlain, SD 57325
Phone: (605) 734-0985
- ELIGIBILITY:** Open to qualified APF registered athletes. All athletes must have a current APF registration card or purchase one at the meet. Athletes may register at the meet or before weigh-in time with J.R. Bolger, State Chairman. (APF registration fee \$30.00)
Make APF registration checks/money orders out to the APF, NOT THE MEET DIRECTOR
- WEIGH-IN:** Friday September 29, 2017 9:00 AM – 11:00 AM & 4:00 PM – 6:00 PM
***THERE WILL BE NO WEIGH-INS ON DAY OF MEET!**
- LIFTING SESSIONS:** Saturday September 30, 2017 9:00 AM
Mandatory Rules briefing will be at 8:00 AM, check www.worldpowerliftingcongress.com
- UNIFORM:** Must have one piece lifting suit or wrestling suit. (Mandatory) Raw is belt and singlet ONLY
APF/AAPF rules apply.
- ENTRY FEE:** All entry fees must accompany this entry form, to the meet director, no later than **September 6, 2017**.
A late fee of \$75 will be applied to all entries received **POST MARKED** after this date.
NO ENTRIES allowed after September 13, 2016! Entry Fee is Non-Refundable.
***Make Checks payable to: John Lenz**
- WEIGHT CLASSES:** Men’s Open 114, 123, 132, 148, 165, 181, 198, 220, 242, 275, 308, and SHW
Women’s Open 97, 105, 114, 123, 132, 148, 165, 181, 198, and SHW
- AWARDS:** Awards will be given to the first three places in each men and women’s division.
There will be “BEST LIFTER” awards as followed by formula:
APF – One Man and One Woman (*The type of awards may vary, depending upon the number of entries*)
- EQUIPMENT:** Elitefts Monolift & Elitefts Bench, Bulldog Texas Squat & Bench Barbells, Okie Deadlift Bar.



2017 MIDWEST IRON REAPING



APF CARD# _____
Circle One: APF / AAPF

Name: _____
Last Name First Name MI

Residence: _____
Street City State Zip

Telephone: _____ E-mail address: _____

Date of Birth: _____ Age (day of meet): _____

EQUIPPED (squat suit, bench shirts, deadlift suits) **Classic Raw** (singlet and knee wraps only) **RAW** (singlet only)

_____ Men's Full Meet	\$75	Weight Class _____	Age _____
_____ Women's Full Meet	\$75	Weight Class _____	Age _____
_____ Men's Bench Press/Deadlift	\$75	Weight Class _____	Age _____
_____ Men's Bench Press	\$75	Weight Class _____	Age _____
_____ Men's Deadlift	\$75	Weight Class _____	Age _____
_____ Women's Bench Press/Deadlift	\$75	Weight Class _____	Age _____
_____ Women's Bench Press	\$75	Weight Class _____	Age _____
_____ Women's Deadlift	\$75	Weight Class _____	Age _____

Meet T-Shirts: \$20 ea. Size: S M L XL 2XL 3XL

****ENTRY FEES & APF CARD FEES ARE TO BE PAID SEPARATELY, NOT TOGETHER****
*****FEES are NON-Refundable*****
→ \$75 division entry fee, \$35 each additional division
→ Note: AAPF competitors must add an additional \$10 for testing.

TOTAL amount enclosed: \$ _____

AGREEMENT, WAIVER AND RELEASE

In consideration of the acceptance of this entry I hereby for myself, my heirs, executors, and administrators waive and release any and all rights and claims for damages I may have against the AmericInn, APF, River City Fitness, John R. Bolger, John Lenz, their representatives, successors and assigns for any and all injuries or bodily harm that I might suffer while competing at the 2017 Midwest Iron Reaping. I also agree that all pictures and video taken by the designated meet photographer may be used for advertisement and in sports publications.

Signature in full _____ Date _____

Parent's signature if under 18: _____

Make Meet Check Payable To: John Lenz

Mail Entry To: John Lenz
608 S. Main St – Kimball, SD 57355