WONSTER MASH	First Name: Last Name: Full Mailing Add Telephone: Sex: DOB:	APPLICATION its entirety must be completed and signed prior t ress:Email: ress:Age Day of Meet (1 APF OAAPF (\$10 Required Drug Tes	0/21/2	
SELECT A CLASS: O RAW O CLASSIC RAW O EQUIPPED O EQUIPPED MULTIPLY				
SELECT A CATEGORY: Open (All Ages)AND/ORO Juniors/Teen (13-23 Years)O Sub Masters (33-39 Years)O Masters (40-80 Years)				
CHECK ONE: OFULL MEET OBENCH ONLY ODEADLIFT ONLY				
CIRCLE ONE: WEIGHT CLASS		FEES & PAYMENTS		
Pounds	Kilos	Card fees are to be paid separately from meet fees. They can be purchased the day of the meet at <u>www.worldpowerliftingcongress.com</u> .		
97 (Women's Only)	44 (Women's	Bring your card to weigh-ins.		
	Only)			I
105 (Women's	48 (Women's	DESCRIPTION	QTY	AMOUNT
Only)	Only)			
114	52	Entry Fee for 1 Event, 1 Category (\$95)		\$
123	56	Additional Event Category (\$35)		\$
132	60	AAPF Drug Test Fee (\$10)		\$ \$
148	67.5	Late Fee [2 Weeks Prior to Event] (\$30)		\$ \$
165	75	Shirt \$20.00 S OM OL OXL O2XL O3XL		ې د
181	82.5	TOTAL PAYMENT & ADDUCATION SUB		ې ۲
198 220	90 100	PAYMENT & APPLICATION SUBMISSION To ensure updates, please email copy of application to :		
242	110	ArizonaAPF@Gmail.com		
275 (Men's Only)	125 (Men's Only)	Zelle: (602) 769-0778		
308 (Men's Only)	140 (Men's Only)	Mike Early – APF AZ State Chairman		
SHW	SHW	Email proof of payment and application to the email above		
Weigh-ins @ Die Hard Gym		AZ PHX Drop Off: Die Hard Gym (Peoria, AZ)		
9794 W Peoria Ave #9, Peoria, AZ 85345		Tim Sparkes APF AZ State Chairman		
DAY BEFORE THE MEET 9AM-11AM and 5PM-7PM		Cash: Hand In (Mike Early or Tim Sparkes)		
AGREEMENT, WAIVER AND RELEASE: In consideration of the acceptance of this entry, I hereby myself, my hei				

s, eby myself, my executors, and administrators waive and release any and all rights and claims for damages I may have against AAPF/APF; Die Hard Gym; their representatives, successors and assignees for any and all injuries or bodily harm that I might suffer while competing at the Arizona State AAPF/APF Powerlifting meet. I also agree that all pictures and video taken by the designated meet photographer may be used for advertisement and in sport publications.

Signature: _____ Printed Name: _____

Date: _____ Guardian Signature (If Under 18): _____