

APPLICATION

SELECT A CLASS	First Name: Last Name: Full Mailing Add Telephone: Sex: DOB: SELECT ONE: O A S: O RAW O CLA	ress:Email:Age Day of Meet (4 APF OAAPF (\$10 Required Drug Test ASSIC RAW OEQUIPPED OEQUIPF Ages) AND/OR	/13/24 t Fee)):	
-	-	Masters (33-39 Years) O Masters (4		(ears)	
CIRCLE ONE: V		FEES & PAYMENTS			
Pounds	Kilos	Card fees are to be paid separately from meet fees. They can be purchased the			
97 (Women's Only)	44 (Women's Only)	day of the meet at www.worldpowerliftingcongress.com . Bring your card to weigh-ins.			
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 OS OM OL OXL O2XL O3XL		\$	
181	82.5	TOTAL		\$	
198	90	PAYMENT & APPLICATION SUBMISSION			
220	100	To ensure updates, please email copy of application to :			
242	110	<u>ArizonaAPF@Gmail.com</u>			
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 Ch		mail abovo	
SHW	SHW	Email proof of payment and application			
Weigh-ins @ Die Hard Gym 9794 W Peoria Ave #9, Peoria, AZ 85345		AZ PHX Drop Off: Die Hard Gym (Peoria, AZ)			
DAY BEFORE THE MEET		Tim Sparkes APF AZ State Ch			
9AM-11AM and 5PM-7PM		Cash: Hand In (Mike Early or Tin	n Spark	es)	
		consideration of the acceptance of this entry,	I hereby	myself, my he	
		d release any and all rights and claims for dam			
AAPF/APF; Die Hard	l Gym; their represen	tatives, successors and assignees for any and	all injur	ies or bodily ha	
that I r	might suffer while cor	mpeting at the Arizona State AAPF/APF Power	lifting n	neet.	
I also	•	es and video taken by the designated meet pho for advertisement and in sport publications.	otograp	her	
Signature:	a, 20 0000	Printed Name:			

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