** Florida Barbell Presents**

APF/AAPF Back to School Bench Off

July 27th 2024

**Meet Director:** Joel Kennedy 727-389-2108 [apf.florida@gmail.com](about:blank)

**Event Location:** Florida Barbell, 805 Live Oak Street, Tarpon Springs, FL 34689

727-510-3322

**Eligibility:** Open to APF/AAPF registered athletes. All athletes are required to have a valid membership card and must show it at weigh-in. If you fail to bring it, you will be required to purchase one onsite for $60 (AAPF and APF) or $50 (APF Only or AAPF Only).

**Weigh-In:** Florida Barbell, 805 Live Oak Street, Tarpon Springs, FL 34689

24-hour weigh-in rule will apply. **NO WEIGH-INS DAY OF MEET**

**Friday, July 26th 2024 10 am – 11:30 am & 4:00 pm – 5:30 pm**

**Event Start Time: Mandatory Rules Meeting 9:00 a.m.**

**Saturday, July 27th 2024 10:00 a.m.**

**Uniform:** Mandatory – Must have one piece lifting suit or wrestling suit. Raw only Singlet, Belt, writs wraps allowed, no knee wraps or knee supports. Classic Raw; Singlet, Belt, Knee Wraps or Sleeves and wrist wraps. Equipped see [www.worldpowerliftingcongress.com](about:blank) for rules.

**Contest Lifts:** Full Meet (Squat/Bench/Deadlift), Bench Only or Deadlift Only

**Entry Fee:** Entry fee for the Full Meet, Bench only or Deadlift only meet is $85 if received prior to June 1st. Additional divisions are $25 each.

The entry fee must accompany this entry form and be received no later than **June 1, 2024**. NO REFUNDS. **Limit to first 60 entries**. No sign ups the day of the meet. No weigh-ins day of meet.

Registrations received after **June 1, 2024** that are accepted will be at a $30 late fee.

**Awards:** Medals will be given to the first three places in all categories. Best lifter awards will be given in categories based on content of the entries.

**APF-AAPF Back to School Bench Off**

**Send entry to: Florida Barbell, Joel Kennedy, 805 Live Oak Street, Tarpon Springs FL 34689**

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (circle one): Male Female

Age:\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gym/Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle Category: APF AAPF** (drug tested)

**Circle Event Entered:** Bench Only Unlimited Bench Only Deadlift Only

**Circle Category:** Raw (singlet, belt, wrist wraps**)** Classic Raw (Raw w/knee wraps/sleeves)

Single Ply Multi Ply

**Circle Division Entered:** Open:

Teen: 13-15 16-17 18-19

Junior: 20-23

Masters: 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89

**Circle Weight Class:** Women: 97 105 114 123 132 148 165 181 198 220 242 Unl

Men: 114 123 132 148 165 181 198 220 242 275 308 SHW

**Awards are guaranteed to those who pre-register only**

**Fees & Payment:**  Entry Fee after $85 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Late Fee after June 1 $30 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Division $25 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meet Shirt $25 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S M L XL

$30 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2XL and up

Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of my 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 World Powerlifting Congress, American Powerlifting Federation, Amateur American Powerlifting

Federation (APF/AAPF), Florida Barbell, Joel Kennedy, their representatives, successors and assigns for any and all injuries or bodily harm that I might

suffer while completing at the APF-AAPF Back to School Bench Off July 27th 2024. I attest and verify that I have full knowledge of the

risks involved with my participation in this event, and that to the best of my knowledge I am physically fit and able to participate in this event.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s Signature if under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_