

# 2025 APF Ohio Cup

**MEET LOCATION:**

21811 C.R. 151  
West Lafayette, Ohio 43845

**Meet Date: February 8, 2025****DIVISIONS & WEIGHT CLASSES:**

<b>OPEN</b>	114	123	132	148	165	181	198	220	242	275	308	SHW
<b>JUNIOR (20 – 23)</b>	114	123	132	148	165	181	198	220	242	275	308	SHW
<b>TEENAGER (13 – 15)</b>	114	123	132	148	165	181	198	220	242	275	308	SHW
<b>TEENAGER (16 – 17)</b>	114	123	132	148	165	181	198	220	242	275	308	SHW
<b>TEENAGER (18 – 19)</b>	114	123	132	148	165	181	198	220	242	275	308	SHW
<b>SUB-MASTERS (33 – 39)</b>	114	123	132	148	165	181	198	220	242	275	308	SHW
<b>MASTERS (40+ In 5yr increments)</b>	114	123	132	148	165	181	198	220	242	275	308	SHW
<b>WOMEN</b>	97	105	114	123	132	148	165	181	198	220	242	UNL

**TIMES:**

**Early Weigh-Ins:** 10:00 AM– 11:30 PM & 6:00 PM – 7:30 PM on Friday, February 7, 2025

**Weigh-Ins:** 7:30 AM – 9:00 AM Saturday, February 8, 2025

**Rules Clinic / Q&A:** 9:00 AM Day of the Meet; Meet Starts at 10:00 AM

**AWARDS & RULES:**

Sanctioned by the APF. Must have an APF card. A one piece lifting suit is required. Trophies will be given for **1<sup>ST</sup> – 5<sup>th</sup>** places in all weight classes and divisions.

**DEADLINES:**

All entries must be received by February 5, 2025

Entries will also be accepted the day of the meet with a \$10 late entry fee (Cash).

**ENTRY FEES:**

Make all checks and money orders payable to: **John Blackstone**

\$60.00 Bench Only

\$60.00 Deadlift Only

\$80.00 Ironman (Bench & Deadlift)

\$125.00 Full Power

\$10.00 late fee on all entries received the day of the meet (Cash)

\$20.00 fee on all returned checks

\$10.00 admission fee for the public

**MAIL ENTRY FORM TO:**

John Blackstone

21811 C.R. 151

West Lafayette, OH 43845

**If you have any questions please contact:**

John Blackstone (740) 502-4964; [blackstonesgym@yahoo.com](mailto:blackstonesgym@yahoo.com)

or

Wade Butcher (614)-500-1877; [butcherfamily6@gmail.com](mailto:butcherfamily6@gmail.com)

# 2025 APF Ohio Cup

February 8, 2025

## MEET ENTRY FORM

In consideration of your acceptance of this entry please agree to the following statement by signing this entry form. I hereby intend to legally bound myself, my heirs and assigned, waive and release any and all claims to damage I may have against John Blackstone, Wade Butcher, Blackstone's Gym, American Powerlifting Federation and all their heirs, employees or volunteers, all lesser, all lessees of the property located at 21811 C.R. 151 West Lafayette, OH 43845 from injury that may result from my participation in this competition or any other lifting on the premises.

**\*\*\* PLEASE CHECK ALL THAT APPLY \*\*\***

Bench	<input type="checkbox"/>	Raw	<input type="checkbox"/>	Women	<input type="checkbox"/>	Sub Master 33-39	<input type="checkbox"/>	Master 65-69	<input type="checkbox"/>
Deadlift	<input type="checkbox"/>	Classic Raw	<input type="checkbox"/>	Open	<input type="checkbox"/>	Master 40-44	<input type="checkbox"/>	Master 70-74	<input type="checkbox"/>
Ironman	<input type="checkbox"/>	Single Ply	<input type="checkbox"/>	Junior 20-23	<input type="checkbox"/>	Master 45-49	<input type="checkbox"/>	Master 75-79	<input type="checkbox"/>
Full Power	<input type="checkbox"/>	Multi Ply	<input type="checkbox"/>	Teenage 13-15	<input type="checkbox"/>	Master 50-54	<input type="checkbox"/>	Master 80-Up	<input type="checkbox"/>
		Unlimited (Band)	<input type="checkbox"/>	Teenage 16-17	<input type="checkbox"/>	Master 55-59	<input type="checkbox"/>		
		Youth Division	<input type="checkbox"/>	Teenage 18-19	<input type="checkbox"/>	Master 60-64	<input type="checkbox"/>		

NAME:		AGE:	
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ADDRESS:	

PHONE #:		EMAIL:	
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Gym / Club Name:		APF Card #:	
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Signature:		Date:	
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**\*\*\* NOTE: Your parent or guardian must sign if you are under 18 years of age \*\*\***

### MAIL THIS ENTRY FORM TO:

John Blackstone  
21811 C.R. 151  
West Lafayette, OH 43845