**APPLICATION**

**This form in its entirety must be completed and signed prior to the day of the meet**

**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHRISTMAS**

**CLASSIC**

**Full Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex: \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Day of Meet (12/7/24):\_\_\_\_\_\_\_\_\_\_\_\_**

**SELECT ONE: ○ APF ○AAPF ($10 Required Drug Test Fee)**

**SELECT A CLASS:** ○ **RAW** ○ **CLASSIC RAW** ○ **EQUIPPED** ○ **EQUIPPED MULTIPLY**

**SELECT A CATEGORY: ○ Open (All Ages) AND/OR**

**○ Juniors/Teen (13-23 Years) ○ Sub Masters (33-39 Years) ○ Masters (40-80 Years)**

**CHECK ONE: ○FULL MEET ○BENCH ONLY ○DEADLIFT 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** **www.worldpowerliftingcongress.com****.** **Bring your card to weigh-ins.** |
| **97 (Women’s Only)** | **44 (Women’s Only)** |
| **105 (Women’s Only)** | **48 (Women’s Only)** | **DESCRIPTION** | **QTY** | **AMOUNT** |
| **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 $25.00 **○S ○M ○L ○XL ○2XL ○3XL** |  | $ |
| **181** | **82.5** | **TOTAL** |  | $ |
| **198** | **90** | **PAYMENT & APPLICATION SUBMISSION** |
| **220** | **100**  | To ensure updates, please email copy of application to :ArizonaAPF@Gmail.com**Zelle:** (602) 769-0778Mike Early – APF AZ State ChairmanEmail proof of payment and application to the email above**AZ PHX Drop Off:** Die Hard Gym (Peoria, AZ)Tim Sparkes APF AZ State Chairman**Cash:** Hand In (Mike Early or Tim Sparkes) |
| **242** | **110** |
| **275 (Men’s Only)** | **125 (Men’s Only)** |
| **308 (Men’s Only)** | **140 (Men’s Only)** |
| **SHW** | **SHW** |
| **Weigh-ins @ Die Hard Gym** **9794 W Peoria Ave #9, Peoria, AZ 85345** **DAY BEFORE THE MEET****9AM-11AM and 5PM-7PM** |

AGREEMENT, WAIVER AND RELEASE: In consideration of the acceptance of this entry, I hereby myself, my heirs, 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**