CHRISTMAS CLASSIC

APPLICATION This form in its entirety must be completed and signed prior to the day of the meet First Name:___ Last Name: ______ Full Mailing Address: _____ Telephone: ______Email: ____ Sex: _____ DOB: ______ Age Day of Meet (12/7/24): **OAAPF (\$10 Required Drug Test Fee)** SELECT ONE: O APF

SELECT A CLASS: O RAW O 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: 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> . Bring your card to weigh-ins.			
97 (Women's Only)	44 (Women's				
	Only)				
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 \$25.00 S 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	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 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): _____