2025 APF/AAPF Ohio State Meet

**MEET LOCATION: Meet Date: September 6, 2025**

**The Dogg House Gym**

**713 Harmon Plaza**

**Columbus, Ohio 43223**

**APF**

**Ohio**

**DIVISIONS & WEIGHT CLASSES:**

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

**TIMES:**

* **Early Weigh-Ins:** 9:00 AM – 11:30 AM & 6:00 PM – 7:30 PM on Friday, September 5, 2025
* **Weigh-Ins:** 6:30 AM – 8:00 AM Saturday, September 6, 2025
* **Rules** **Clinic / Q&A:** 8:00 AM Day of the Meet; Meet Starts at 9:00 AM

**AWARDS & RULES:**

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

**DEADLINES:**

* All entries must be received by September 3, 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
* $85.00 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

**\*\*\*Please bring lawn chairs, seating will not be provided\*\*\***

**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/AAPF Ohio State Meet

September 6, 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, American Powerlifting Federation, The Dogg House Gym 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** |  | **Raw** |  | **Women** |  | **Sub Master 33-39** |  | **Master 65-69** |  |
| **Deadlift** |  | **Classic Raw** |  | **Open** |  | **Master 40-44** |  | **Master 70-74** |  |
| **Ironman** |  | **Single Ply** |  | **Junior 20-23** |  | **Master 45-49** |  | **Master 75-79** |  |
| **Full Power** |  | **Multi Ply** |  | **Teenage 13-15** |  | **Master 50-54** |  | **Master 80-Up** |  |
| **APF** |  | **Unlimited (Band)** |  | **Teenage 16-17** |  | **Master 55-59** |  |  | |
| **AAPF** |  | **Youth Division** |  | **Teenage 18-19** |  | **Master 60-64** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | **AGE:** |  |

|  |  |
| --- | --- |
| **ADDRESS:** |  |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PHONE #:** |  | **EMAIL:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gym / Club Name:** |  | **APF Card #:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**\*\*\* 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