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| **16 May 2020** | **DISABILITY POWERLIFTING** |
| Ashington Hirst Welfare Centre, Alexandra Road, Ashington, Northumberland, NE63 9HF |

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| **Competition Entry Information:** |
| **\* Combo Type** | **\*\* Age Category** | **\*\*\* Weight Category** |
| **Double Combo**: Bench Press and Deadlift**Triple Combo**: Squat, Bench Press and Deadlift Bench Press – IPF or Paralympic | **Sub Junior**: 14 – 18 yrs**Junior**: 19 – 23 yrs**Senior**: 23 – 40 yrs | **Masters 1**: 40 – 49 yrs**Masters 2**: 50 – 59 yrs**Masters 3**: 60 – 69 yrs | **Men’s Weight Category** | **Women’s Weight Category** |
| 53kg59kg66kg | 74kg83kg93kg | 105kg120kg120+kg | 43kg47kg52kg | 57kg63kg72kg | 84kg84+kg |

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| --- | --- |
| **GB Region**: |  |
| **Head Coach Name**: |  |
| **Head Coach Contact Details**: |  |
| *I certify that all athlete/unified partners listed on this form are eligible to participate in accordance with the rules and that they have fulfilled the minimum requirements to participate in this event* |
| **Head Coach Signature**: |  **Date**:  |

Form to be submitted to Event Organiser as follows: Fred Mackenzie, 115 Milburn Road, Ashington, Northumberland, NE63 0NA or Frederick575@btinternet.com

If you require a receipt, please complete the details below:

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| **Receipt made out to**: |  |
| **Receipt to be sent to (name and address)**: |  |
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**Athlete Entries:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Disability** | **Gender** | **Date of Birth** | **Combo Type****\*** | **Age Category****\*\*** | **Weight Category****\*\*\*** | **Qualifying Competition** (Name and Date) | **Division**for official use |
| Joe | Bloggs | Please specify | M | 07/07/2000 | Triple | Senior | 66kg |  |  |
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Volunteers (Head Coach / Coach / Escort) Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Surname | Role | Gender | Contact Details (email/phone number) |
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