**PRELIMINARY ENTRY FORM / MALE ATHLETES**

**WEIGHTLIFTING FEDERATION OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Bodyweight Category** | **First Names of Athletes** | **Last Names of Athletes** | **Date of Birth** | **Entry Total** | **Arrival Date** | **Departure Date** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| **No.** | **Name of Officials** | | **Date of Birth** | **Position** | | **Arrival Date** | **Departure Date** |
| 1 |  | |  | Team Leader | |  |  |
| 2 |  | |  | Coach | |  |  |
| 3 |  | |  | Coach | |  |  |
| 4 |  | |  | Doctor | |  |  |
| 5 |  | |  | Therapist | |  |  |
| 6 |  | |  | Team Official | |  |  |
| 7 |  | |  | Personal Coach | |  |  |
| 8 |  | |  |  | |  |  |
| 9 |  | |  |  | |  |  |

President or General Secretary:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This Form with passport sized photos of each member must be returned by 3 AUGUST 2019 to:**

Local Organizing Committee

Tel.: +17198663386, Fax: +17198664741

**Submit Form to Email:** [phil.andrews@usaweightlifting.org](mailto:phil.andrews@usaweightlifting.org)

Website: <https://www.teamusa.org/USA-Weightlifting/Events/2019/October/03/Masters-World-Cup-and-San-Diego-Open>

***Duplicate forms as needed***

**PRELIMINARY ENTRY FORM / FEMALE ATHLETES**

**WEIGHTLIFTING FEDERATION OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Bodyweight Category** | **First Names of Athletes** | **Last Names of Athletes** | **Date of Birth** | **Entry Total** | **Arrival Date** | **Departure Date** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| **No.** | **Name of Officials** | | **Date of Birth** | **Position** | | **Arrival Date** | **Departure Date** |
| 1 |  | |  | Team Leader | |  |  |
| 2 |  | |  | Coach | |  |  |
| 3 |  | |  | Coach | |  |  |
| 4 |  | |  | Doctor | |  |  |
| 5 |  | |  | Therapist | |  |  |
| 6 |  | |  | Team Official | |  |  |
| 7 |  | |  | Personal Coach | |  |  |
| 8 |  | |  |  | |  |  |
| 9 |  | |  |  | |  |  |

President or General Secretary:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Duplicate forms as needed***