**FINAL 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 SEPTEMBER 2019 to:**

Local Organizing Committee

Tel.: +17198663386, Fax: +17198664741

**Submit Form to Email:** 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***

**FINAL 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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