**PRELIMINARY ENTRY FORM YOUTH BOYS**

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| **WEIGHTLIFTING FEDERATION OF** | …………………………………………………………………………… |

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| **N°** | **Athlete’s Name** | **Date of Birth** | **Category** | **Entry Total** |
| **Family** | **Given** | **Day** | **Month** | **Year** |
| **01** |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |
| **04** |  |  |  |  |  |  |  |
| **05** |  |  |  |  |  |  |  |
| **06** |  |  |  |  |  |  |  |
| **07** |  |  |  |  |  |  |  |
| **08** |  |  |  |  |  |  |  |
| **09** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |
| **R.** |  |  |  |  |  |  |  |
| **R.** |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **N°** | **Official’s Names** | **Date of Birth** | **Function** |
| **Family** | **Given** | **Day** | **Month** | **Year** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |

**President or General Secretary** : **Name** :……………………………………………………………………..

Date :……………………………………….. Signature :

This Form must be returned by **12th December 2019**

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| **Asian Weightlifting Federation** P.O. Box 2473, Doha, Qatar Email: awfederation@yahoo.com and info@awfederation.com Website: www.awfederation.com  |  | **UzWF**Tashkent city, Olmazor district 15/1, Uzbekistan 100003. Tel/fax: +998712455590uzbek\_weightlifting@yahoo.com |

**PRELIMINARY ENTRY FORM YOUTH GIRLS**

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| **WEIGHTLIFTING FEDERATION OF** | …………………………………………………………………………… |

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| --- | --- | --- | --- | --- |
| **N°** | **Athlete’s Name** | **Date of Birth** | **Category** | **Entry Total** |
| **Family** | **Given** | **Day** | **Month** | **Year** |
| **01** |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |
| **04** |  |  |  |  |  |  |  |
| **05** |  |  |  |  |  |  |  |
| **06** |  |  |  |  |  |  |  |
| **07** |  |  |  |  |  |  |  |
| **08** |  |  |  |  |  |  |  |
| **09** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |
| **R.** |  |  |  |  |  |  |  |
| **R.** |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **N°** | **Official’s Names** | **Date of Birth** | **Function** |
| **Family** | **Given** | **Day** | **Month** | **Year** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |

**President or General Secretary** : **Name** :……………………………………………………………………..

Date :……………………………………….. Signature :

This Form must be returned by **12th December 2019**

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