**BODYWEIGHT CATEGORY**

**M / W** \_\_\_ kg

**WEIGH-IN DATE / TIME:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_ \_\_\_:\_\_\_

**COMPETITION DATE / TIME:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_ \_\_\_:\_\_\_

**COUNTRY / MF CODE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ATHLETE** | | | | | **1st Attempts** | |
| **NAME** | **DoB** | **Body**  **weight** | **BW**  **Category** | **ENTRY TOTAL** | **SNATCH** | **CLEAN**  **& JERK** |
|  |  |  |  |  |  |  |

Date/Time (of W-In): \_\_\_ / \_\_\_ / \_\_\_\_\_\_ \_\_\_:\_\_\_

Name of the MF Official (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in MF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PLEASE SEND THE COMPLETED FORM IMMEDIATELY AFTER THE WEIGH-IN HAS FINISHED.**

**ORGANIZING COMMITTEE**

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