

Name _____ Signature _____

Date _____

This Form must be returned by **4th October , 2013**

to:

Polish Weightlifting Federation

Ul. Marymoncka 34

01-813 Warsaw, POLAND

Tel. /fax +48 22 834 11 42 or +48 22 834 11 45

E-mail: wroclaw2013@pzpc.pl