Special Olympics Iowa Powerlifting Entry Form

Delegation Name (local program)_____ Area (North, East, etc.)_____

Powerlifting Head Coach _____ E-mail Address_____

Cell Phone Number_____ and / or Other Phone Number _____

Total # of Powerlifting Athletes _____ Total # of Coaches/Chaperones/1:1 Staff _____

Athlete's Name	Gender	D.O.B.	Weight Class	Exact Weight	Event	Maximum Lift

Notes:

1. Athletes are divisioned based on ability, which is established through the information on this entry form
2. Event abbreviations (BP = Bench Press, DL = Deadlift)
3. D.O.B. – Date of Birth (MM/DD/YY)
4. Athletes must be at least 14 years of age to compete in Powerlifting

***Please send all registration materials to registrations@soiowa.org or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.**

Revised 9/16/2015