



## National or Provincial Record Application Form



### Application for:

- |  |  |
|--|--|
| <input type="checkbox"/> National Men's Open         | <input type="checkbox"/> National Women's Open         |
| <input type="checkbox"/> National Men's Junior       | <input type="checkbox"/> National Women's Junior       |
| <input type="checkbox"/> National Men's Sub Junior   | <input type="checkbox"/> National Women's Sub Junior   |
| <input type="checkbox"/> National Men's Master I     | <input type="checkbox"/> National Women's Master I     |
| <input type="checkbox"/> National Men's Master II    | <input type="checkbox"/> National Women's Master II    |
| <input type="checkbox"/> National Men's Master III   | <input type="checkbox"/> National Women's Master III   |
| <input type="checkbox"/> National Men's Master IV    | <input type="checkbox"/> National Women's Master IV    |
| <br>   |  |
| <input type="checkbox"/> Provincial Men's Open       | <input type="checkbox"/> Provincial Women's Open       |
| <input type="checkbox"/> Provincial Men's Junior     | <input type="checkbox"/> Provincial Women's Junior     |
| <input type="checkbox"/> Provincial Men's Sub Junior | <input type="checkbox"/> Provincial Women's Sub Junior |
| <input type="checkbox"/> Provincial Men's Master I   | <input type="checkbox"/> Provincial Women's Master I   |
| <input type="checkbox"/> Provincial Men's Master II  | <input type="checkbox"/> Provincial Women's Master II  |
| <input type="checkbox"/> Provincial Men's Master III | <input type="checkbox"/> Provincial Women's Master III |
| <input type="checkbox"/> Provincial Men's Master IV  | <input type="checkbox"/> Provincial Women's Master IV  |

### Note:

All National records must have been set using metric weights and equipment to be recognized. Please use separate sheets if applying for both National and Provincial Records

Attempt	1	2	3	Previous Record: Wt Kg		Records Applying for:
Squat				Squat		
Bench Press				3 Lift Bench		
Deadlift				Single Lift Bench		
Total				Dead Lift		
				Total		

### Lifter Information:

### Competition Information:

Name:		Name of Competition:	
Address:		Venue:	
City:	Prov:	Address:	
Phone:	Postal:	City:	Prov / Country:
CPU#:		Date of Competition:	
Wt Class:		Precise Body Wt:	
Doping Control Sample#:		<input type="checkbox"/> N/A	

Record Certificate:  Yes  No  
(Additional 5\$ Surcharge Per Record)

I have checked all data and all lists and hereby state that all above information is correct:

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

Date: \_\_\_\_\_

### Send completed record form to:

Connor Sheehan  
18 Newbury Ave  
Ottawa, ON  
K2E 6K8

### NOTE:

All fee's must be sent separately to Registration Chairperson Marlene Moore:

Ontario Powerlifting Association  
c/o Marlene Moore  
9 Old Oxford Rd.  
St. Catharines, ON  
L2M 2J7