

APPLICATION FOR LOUISIANA HIGH SCHOOL
POWERLIFTING STATE RECORD

DATE OF APPLICATION: _____

COMPETITION (REGIONAL, STATE): _____

LIFTERS NAME: _____

WEIGHT CLASS: _____ BODYWEIGHT: _____

SCHOOL: _____

LIFT ATTEMPTED: (SQUAT, BENCH, DEADLIFT OR TOTAL) _____

AMOUNT LIFTED: _____

THIS ATTEMPT LISTED ABOVE WAS PERFORMED SATISFACTORILY AT AN LHSPLA REGIONAL OR STATE COMPETITION WITH THREE (3) LHSLPA RECOGNIZED JUDGES IN THE CHAIRS. WE, THE UNDERSIGNED, VERIFY THAT THE APPLICANT LISTED ABOVE HAS MET THE CRITERIA FOR BEING CONSIDERED A NEW LOUISIANA HIGH SCHOOL POWERLIFTING ASSOCIATION RECORD HOLDER AS WITNESSED BY OUR SIGNATURES.

NAME	CERTIFICATION
CHIEF JUDGE _____	- _____
SIDE JUDGE _____	- _____
SIDE JUDGE _____	- _____
ATHLETE _____	

MEET DIRECTOR/RECORDS CHAIRMAN

DATE

LHSPLA RECOGNIZED OFFICIALS:

- IPF CATEGORY I
- IPF CATEGORY II
- USAPL NATIONAL REFEREE
- USAPL STATE REFEREE
- LHSPLA STATE

PLEASE RETURN THIS DOCUMENT TO A MEMBER OF THE LHSPLA EXECUTIVE COMMITTEE.

Must be signed by Meet Director or Records Chairman to verify lift.