

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, 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	_____	- _____
MEET DIRECTOR	_____	
ATHLETE	_____	

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.