



### Application for Registration

*Office use only, do not complete*

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Last Name First Initial New Member Renewal Exp. Date

\_\_\_\_\_ \_\_\_\_\_  
Street Address City

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
State or Providence Zip Code Country

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Telephone Email Address Date of Birth Age Sex  
Pro \_\_\_\_\_ Am \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Sign if above answers are correct. Parents sign if under 18 years. Date

**Registration Fee: Adult \$30 ~ High School and Special Olympics \$25**  
**Please make check or money order payable to Mark Chaillet.**

*International Powerlifting Association, 190 Arsenal Rd., York, PA 17404*

[www.ipapower.com](http://www.ipapower.com)



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