



State Record Form

International Powerlifting Association
190 Arsenal Rd.
York, PA 17404
Phone (717) 495-0024

**PLEASE RETURN FORM AND PAYMENT FOR CERTIFICATE
TO THE ADDRESS NOTED ABOVE.
PLEASE MAKE CHECK PAYABLE TO ELLEN CHAILLET**

Name: _____ IPA Expiration Date: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Email: _____ Country: _____

Name of meet where record was set: _____

Date and location of Meet: _____

Lifters Classification: Men's: _____ Women: _____ Weight Class: _____

Professional: _____ Amateur: _____ RAW: _____

Division: (check) Teenage: _____ Junior: _____ Open: _____
(age)

Submaster: _____ Master: _____ Police: _____ Special Olympics: _____
(age) Power Bench Bench/Deadlift
(circle one)

Enter Weight in pounds after each record lift:

Squat: _____ Bench: _____ Deadlift: _____ Total: _____

Signature of officials who witnessed record:

Side Referee: _____ Center Referee: _____ Side Referee: _____

Please check one:

Record recorded with the IPA (no charge): _____

Send Certificate documenting my record (\$25): _____

Note: All record applications must be completed and submitted within 30 days of the date the record was set.