European Powerlifting Federation

**OFFICIAL NOMINATION FORM**

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| Preliminary: May12, 2016 | Final: June 20, 2016 |  Last day to cancel the booked hotel rooms  and ordered the banquet tickets: June 27, 2016 |

**The European Powerlifting Federation and the Czech Powerlifting Federation invite for the**

**22nd Masters Women & 29th Masters Men European Powerlifting Championships 2016 in Pilsen, Czech Republic**

**From July 12 – 16, 2016**

 **The final nomination form must be sent to:**

Original: Meet Director: **Vladimir Mati**, Staric 847, 739 43 Staric, Czech Republic,

E-mail: vmati@seznam.cz

**Correspondence:** Accommodation & transport: **Lucie Kanturkova**, e-mail: **europowerlifting@centrum.cz**

Copy:  **Jiri Hofirek**, Malickeho 980, 410 02 Lovosice, Czech Republic.

 Tel: +420 739 405 689, e-mail: epfsecretary@gmail.com

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| Submitted by |  | National Powerlifting Federation/Association |

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| Submitting officer: |  | Title: |  | Date: |  |

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| Teammanager : |  | **Head Coach:** |  |

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| Referee 1 : |  | Cat : |  | Available for categories: |  |

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| Referee 2: |  | Cat: |  | Available for categories: |  |

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| Referee 3 : |  | Cat : |  | Available for categories: |  |

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| Referee 4: |  | Cat: | 1 | Available for categories: | Only for Jury in case of insufficient # of Cat. 1 referees rees. |

**Each referee must state for which categories he/she will be free from other duties (coach, lifter) in column “Available**

**for categories”. He/she must referee in the stated categories if he/she is nominated by Technical committee for these classes.**

**If available categories are not stated, he/she is obliged to referee in categories decided by the Technical official.**

**It is an obligation of every Federation to confirm the participation of all their Referees nominated in the Final nomination or cancel the referees who will not participate in the Championship!!!**

**Latest date for changes of categories for which has been allocated by the championship secretary must be made latest 14 days prior to the Technical Meeting of the competition. If referees do not indicate changes to the Championships Secretary during that time, referees are obliged to be available for the original categories stated on EPF website on “Referees/Jury duty” section.**

**State each lifter’s personal best achieved at national or international championships during the previous 12 months.**

**Enter the lifter’s family name and first name separately into an appropriate column below.**

 **All nominated referees attending a championship, must be available for at least two days!!!** (see IPF Technical Rules).

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| Total number of lifters: |  | Total amount of team : |  | Arrival date: |  |

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| Arrival time: |  | Airport/station: |  | Flight nr: |  |

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| Departure date: |  | Departure Time: |  | Flight nr: |  |

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| **Order of the hotel rooms**: |

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| **Single rooms number**: |  | From-to: |  |

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| **Double rooms number**: |  | From-to: |  |

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| **Triple rooms number**: |  | From-to: |  |

**NEW IMPORTANT POINT!!!**

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| **Number of banquet tickets ordered** (**last day to cancel the ordered banquet tickets is June 27, 2016):**  |  |

**Important warning for referees!!!**

**At the EPF General Assembly 2015 a new rule was adopted in the EPF Constitution 13.10.1. The rule states:**

**“Any lifter or referee properly entered for a competition that without acceptable reasons does not attend, may be subject to suspension up to 6 month for the first offence and up to 12 month for second offence and a maximum fine of € 250.”**

##### NOMINATION FORM

***Please, use each lifter’s full first name, not his or her nickname!***

 **MEN**

 **Masters 1 Men**

 **Class Family Name First Name Birthday SQ BP DL TOTAL**

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| **Reserve lifters, max. 5 per team** |  |  |  |  |  |  |
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 **Masters 2 MEN**

 **Class Family Name First Name Birthday SQ BP DL TOTAL**

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| **Reserve lifters, max. 5 per team** |  |  |  |  |  |  |
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 **Masters 3 MEN**

 **Class Family Name First Name Birthday SQ BP DL TOTAL**

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 **Masters 4 Men**

 **Class Family Name First Name Birthday SQ BP DL TOTAL**

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| **Reserve lifters, max. 5 per team** |  |  |  |  |  |  |
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 **WOMEN**

 **Masters 1 Women**

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| **Reserve lifters, max. 5 per team** |  |  |  |  |  |  |
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 **Masters 2 Women**

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 **Masters 3 Women**

 **Class Family Name First Name Birthday SQ BP DL TOTAL**

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| **Reserve lifters, max. 5 per team** |  |  |  |  |  |  |
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 **Masters 4 Women**

 **Class Family Name First Name Birthday SQ BP DL TOTAL**

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Address for contact:

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| Name: |  | Street: |  | Zipcode: |  |
| City: |  | Country: |  | Phone:  |  |
| Fax: |  | E-mail: |  |

1. ACCREDITATION OF THE FEDERATION’S TEAM LEADERS

Full and complete Name of team Leaders

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**Please note**: Team leaders **must** sit in the audience until they are reason for them to go to the warm up/
wrapping area.

 **2. ACCREDITATION OF THE FEDERATION’S** **ASSISTANT COACHES**

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| **Full and Complete Name of each assistant Coach** | **Federation Title**  |
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 3. ACCREDITATION OF THE FEDERATION’S TEAM DOCTOR OR PHYSIOTHERAPIST

Full and complete Name of team Doctor or physiotherapist

**– must provide documentation to prove their qualification**

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 **Please note**: Team doctor or physiotherapist **must** sit in the audience until they are required to go to the

warm up/wrapping area i.e. if there is an injury.

 Visa Support Form

#  CZECH POWERLIFTING FEDERATION

**Lenka Cernikova, e-mail:** **cpf@powerlifting.cz**

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| Full names of athletes | Birth Day | Passport Number | Expiration Date |
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| Full names of coaches | Birth Day | Passport Number | Expiration Date |
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