European Powerlifting Federation



**OFFICIAL NOMINATION FORM**

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| Preliminary: August 7, 2017 | Final: September 15, 2017 | Last day to cancel the booked hotel rooms and the ordered banquet tickets: September 22, 2017 |

**The European Powerlifting Federation and the Slovak Bodybuilding and Powerlifting Association invite for the**

**22nd Danube Cup 2017 in Trencin, Slovakia**

**from 6 – 7 October 2017**

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

Original: **Meet Director: Pavol Kovalcik**, tel.: +421 903 170 214, e-mail: kovalcik.spccasta@gmail.com

**Correspondence: Accommodation & transport: Pavol Guga**, tel: +421 944 220 311

 e-mail: sekretar@slovakstrongman.sk

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

 Tel: +420 739 405689, 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 7 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: |  |
| **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: |  |

**Submitting officer address - a representative of the Federation is obliged to complete this address:**

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| **Officer’s name:** |  | **E-mail:** |  | **Phone:** |  |

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| **Number of banquet tickets ordered** (**last day to cancel the ordered banquet tickets is September 22, 2017:**  |  |


##### NOMINATION FORM EQUIPPED

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

 **MEN - *max. 4 Men at –59.0 to 120.0+ categories, max 2 lifters per class***

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| **Class**  | **Last name**  | **First name**  | **Date of birth** | **SQ** | **BP** | **DL** | **TOTAL** |
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 **MEN (organizer B team) – *max. 4 Men at –59.0 to 120.0+ categories, max 2 lifters per class***

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| **Class**  | **Last name**  | **First name**  | **Date of birth** | **SQ** | **BP** | **DL** | **TOTAL** |
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 **Reserve lifters, max. 5 per team**

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 **WOMEN – *max. 4 Women at –47.0 to 84.0+ categories, max 2 lifters per class***

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| **Class**  | **Last name**  | **First name**  | **Date of birth** | **SQ** | **BP** | **DL** | **TOTAL** |
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 **WOMEN (organizer B team) – *max. 4 Women at –47.0 to 84.0+ categories, max 2 lifters per class***

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| **Class**  | **Last name**  | **First name**  | **Date of birth** | **SQ** | **BP** | **DL** | **TOTAL** |
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 **Reserve lifters, max. 5 per team**

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##### NOMINATION FORM CLASSIC

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

 **MEN - *max. 4 Men at –59.0 to 120.0+ categories, max 2 lifters per class***

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| **Class**  | **Last name**  | **First name**  | **Date of birth** | **SQ** | **BP** | **DL** | **TOTAL** |
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 **MEN (organizer B team) – *max. 4 Men at –59.0 to 120.0+ categories, max 2 lifters per class***

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| **Class**  | **Last name**  | **First name**  | **Date of birth** | **SQ** | **BP** | **DL** | **TOTAL** |
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 **Reserve lifters, max. 5 per team**

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 **WOMEN – *max. 4 Women at –47.0 to 84.0+ categories, max 2 lifters per class***

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| **Class**  | **Last name**  | **First name**  | **Date of birth** | **SQ** | **BP** | **DL** | **TOTAL** |
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 **WOMEN (organizer B team) – *max. 4 Women at –47.0 to 84.0+ categories, max 2 lifters per class***

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| **Class**  | **Last name**  | **First name**  | **Date of birth** | **SQ** | **BP** | **DL** | **TOTAL** |
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 **Reserve lifters, max. 5 per team**

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Address for contact – **obliged for fill in**:

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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**

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| **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

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#  Slovak Bodybuilding and Powerlifting Association

**Name: Pavol Guga**, tel: +421 944 220 311, e-mail: sekretar@slovakstrongman.sk

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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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