European Powerlifting Federation

**OFFICIAL NOMINATION FORM**

|  |  |  |
| --- | --- | --- |
| Preliminary: August 16, 2019 | Final: September 24, 2019 | Latest day for changes of categories for which referee has been allocated: October 1, 2019 |

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

**4th European Equipped Open, Junior and Masters Bench Press Championships 2019 in**

**Tampere, Finland**

**From October 16 – 19, 2019**

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

**Original:** Meet Director: **Matti Rajaniemi** E-mail: matti.rajaniemi@svnl.fi

**Correspondence:** Accommodation & transport : Matti Rajaniemi, e-mail: matti.rajaniemi@svnl.fi

**Copy:**  **Bjorn Astad, e-mail:** **bjorn@europowerlifting.org** **, phone: 47 91817979, Norway**

|  |  |  |
| --- | --- | --- |
| Submitted by |  | National Powerlifting Federation/Association Date |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Submitting officer: |  | Title: |  | Preliminary nomin. |  |
|  |  Date: |  |  Final nomination |  |  |

**Submitting officer is responsible for the complete and accurate completion of all points of entry form!!!**

|  |  |  |  |
| --- | --- | --- | --- |
| Team manager : |  | **Head Coach:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referee 1 : |  | Cat : |  |  \*Available for categories/ **days**: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referee 2: |  | Cat: |  |  \*Available for categories/ **days**: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referee 3 : |  | Cat : |  |  \*Available for categories/ **days**: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referee 4: |  | Cat: | 1 |  \*Available for  categories/**days**: | Only for Jury in case of insufficient # of Cat. 1 referees  |

 **It is obligatory to fill in the category or the day in which the referee is available for duty! This information is binding for the referee.**

**All nominated referees attending a Championship, must be available for at least two days!!!**

(see IPF Technical Rules)

**Confirmation of the referee’s participation.**

It is the responsibility of each Federation to validly confirm in the final nomination in which categories their referees will be available, or cancel the referees who will not participate in the Championships.

**Important**:

All referees nominated at the time of the final nomination will be awarded referee duties by the EPF Technical Secretary (TS) and the referee list will be published at the EPF web. All federations/referees must control this list and if they do not agree, they must immediately contact the TS for corrections.
All corrections must be made latest 14 days prior to the date of the technical meeting.

**1 October - 14 days prior to the technical meeting** (if not otherwise specified by the TS) is the mandatory referee list published.

**Any changes requested by the referees after this date will cause a fine of 100 Euro.**However, federations may allocate duties between their own referees latest at the technical meeting without any fine.

|  |  |
| --- | --- |
| **Number of Junior banquet tickets 30 euros** (**last day to cancel the banquet tickets is Sept 24, 2019)** |  |

|  |  |
| --- | --- |
| **Number of Open/Masters banquet tickets 35 euros** (**last day to cancel the banquet tickets is Sept 24, 2019)** |  |

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

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

##### NOMINATION FORM

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

 **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.**

 **MEN OPEN**

 **Class Family Name First Name Birthday BP**

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

 **WOMEN OPEN**

 **Class Family Name First Name Birthday BP**

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

  **MEN JUNIOR**

 **Class Family Name First Name Birthday BP**

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

 **WOMEN JUNIOR**

 **Class Family Name First Name Birthday BP**

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

 **MEN MASTERS 1**

 **Class Family Name First Name Birthday BP**

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

 **MEN MASTERS 2**

 **Class Family Name First Name Birthday BP**

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

 **MEN MASTERS 3**

 **Class Family Name First Name Birthday BP**

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

 **MEN MASTERS 4**

 **Class Family Name First Name Birthday BP**

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

 **WOMEN MASTERS 1**

 **Class Family Name First Name Birthday BP**

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

 **WOMEN MASTERS 2**

 **Class Family Name First Name Birthday BP**

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

 **WOMEN MASTERS 3**

 **Class Family Name First Name Birthday BP**

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

 **WOMEN MASTERS 4**

 **Class Family Name First Name Birthday BP**

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

 1. ACCREDITATION OF THE FEDERATION’S TEAM LEADERS

Full and complete Name of team Leaders

|  |
| --- |
|  |
|  |
|  |
|  |

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

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

|  |  |
| --- | --- |
| **Full and Complete Name of each assistant Coach** | **Federation Title**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 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**

|  |
| --- |
|  |
|  |

 **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

#  FINNISH POWERLIFTING FEDERATION

**Name of the official Timo Lillbacka**

**tel.: +358 40 1565 720 e-mail:** **sihteeri@svnl.fi**

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

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