European Powerlifting Federation

 **OFFICIAL NOMINATION FORM**

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| Preliminary: June 8, 2019 | Final: July 16, 2019 | The latest day for changes of categories for whichreferee referees has been allocated: July 23, 2019  |

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

**3rd European Classic Open, Masters, Junior and Sub Junior Bench Press Championships 2019**

**in Hamm, Luxembourg**

**From August 7 - 10, 2019**

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

**Original:** Meet Director: **Gaston Parage ,** Tel.: +352 621165214, E-mail: gparage@vo.lu

**Correspondence:** Accommodation & transport : **Gaston Parage** E-mail: gparage@vo.lu

**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 Datum |

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

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

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

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

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

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

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| 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 referees 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.

23 July - 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.

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

 **1.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**

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

 **Class Family Name First Name Birthday BP**

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  **MEN JUNIOR**

 **Class Family Name First Name Birthday BP**

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 **MEN SUBJUNIOR**

 **Class Family Name First Name Birthday BP**

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 **WOMEN JUNIOR**

 **Class Family Name First Name Birthday BP**

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 **Class Family Name First Name Birthday BP**

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 **MEN MASTERS 1**

 **Class Family Name First Name Birthday BP**

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 **MEN MASTERS 2**

 **Class Family Name First Name Birthday BP**

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 **MEN MASTERS 3**

 **Class Family Name First Name Birthday BP**

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 **MEN MASTERS 4**

 **Class Family Name First Name Birthday BP**

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 **WOMEN MASTERS 1**

 **Class Family Name First Name Birthday BP**

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 **WOMEN MASTERS 2**

 **Class Family Name First Name Birthday BP**

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 **WOMEN MASTERS 3**

 **Class Family Name First Name Birthday BP**

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 **WOMEN MASTERS 4**

 **Class Family Name First Name Birthday BP**

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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

#  LUXEMBOURG POWERLIFTING FEDERATION

**Name of the official Parage Gaston**

**tel.: +352621165214 e-mail: gparage@vo.lu**

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