**NOMINATION FORM**

|  |  |  |
| --- | --- | --- |
| PRELIMINARY: 1st February 2018 | FINAL:1st March 2018 | Last day for referees to change notification categories to be judged: 8th March 2018  |

**The European Powerlifting Federation and the Belarussian Equipped and Classic Powerlifting Federation invite for the**

**4th European Open, Sub-Junior Classic Powerlifting Cup, men & women**

**4th European Open Classic Bench Press Cup, men & women**

**Oshmiany, Belarus, 22 - 25 March 2018**

***THE NOMINATION FORM MUST BE SENT TO:***

**Original:** Meet Director, Denis Denisov, powerlifting@tut.by

**Copy:** EPF Secretary G., **Ralph Farquharson**, ralph@europowerlifting.org

***(Please, use for each person his surname and whole first name, not only first type of the name or nicknames!!!)***

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Teammanager : |  | Head Coach: |  |

***REFEREES NOMINATION:***

*Each referee must state which championship and group he/she will be free from other duties (coach, lifter, ...) in column “Available for categories”. If available categories are not stated, he/she may be nominated for both championships in all the categories.*

*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 Championships !!!*

*Deadline for changes of categories for which has been allocated must be made latest 7 days prior to the Technical Meeting of the competition. If referees do not indicate changes during that time, referees are obliged to be available for the original categories stated.*

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

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

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

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

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

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

|  |  |
| --- | --- |
| **Number of banquet tickets ordered** (**last day to cancel the ordered banquet tickets is 8 March, 2018** **):** |  |

***NOMINATIONS:***

The **number of lifters allowed in each day & in each body weigh category is limited**. So, it's important to send your nominations as soon as possible in order to guaranty your participation in these championships

 ***4th European Open Classic Bench Press Cup, men & women***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **M/W** | **FAMILY NAME** | **FIRST NAME** | **BIRTHDAY** | **BODY WEIGH** | **BP** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 ***4th European Open Classic Powerlifting Cup, men & women***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **M/W** | **FAMILY NAME** | **FIRST NAME** | **BIRTHDAY** | **BODY WEIGH** | **SQ** | **BP** | **DL** | **TOTAL** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

***European Sub-Junior Classic Powerlifting Cup, men & women***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **M/W** | **FAMILY NAME** | **FIRST NAME** | **BIRTHDAY** | **BODY WEIGH** | **SQ** | **BP** | **DL** | **TOTAL** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

***REGISTRATION OF OTHER TEAM MEMBERS:***

*(team leader, assistant coach, doctor, physiotherapist, assistant, delegate, etc.)*

|  |  |  |
| --- | --- | --- |
| **FAMILY NAME** | **FIRST NAME** |  **DUTY** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |