International Powerlifting Federation

Nomination Form

Preliminary: 14th February 2009	**Last day to remove lifters and/or cancel booked hotel rooms: 7th April 2009**	**Final: 25th March 2009**

The International Powerlifting Federation and the NZ Powerlifting Federation invite you to the

9th Women's & Men's Masters World Bench Press Championships 2009
in Taupo, New Zealand
from 14th to 18th of April 2009

Final Nomination Form Must Be Sent To:

Original: Meet Director: Ted Anderson. E-mail : tanderson@taupo.gov.nez
Copy: Technical Secretary: Steve Lousich, E-mail: sml@xtra.co.nz , phone: +6495775447, Fax: +6495775447

Copy: IPF Championships Secretary: Gaston Parage, phone : +352 621165214 or +352 584744, fax : +352 582696, e-mail : gparage@vo.lu 1, rue Pasteur L-4642 Differdange-Luxembourg

Submitted by _____ National Powerlifting Federation/Association
Submitting Officer: _____ Title: _____ Date: _____
Team Manager : _____ Coach: _____

Each referee must state in column "Available for categories", in which categories he/she will be free from other duties (coach, lifter). He/she must referee in the stated categories if nominated by Technical Committee for these categories. If referee does not state some category, he/she will not be retained as referee.

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 referees

Total Number of Lifters: ____ Total Number in Team : ___ Arrival Date: _____ Flight/Train/Car : _____

Arrival time: _____ Airport/Station: _____ Flight no: _____

Departure date: _____ Departure Time: _____ Flight no: _____

We need rooms: ____ **Single –** from – to: _____ ____ **Double –** from – to: _____

Please state each lifter's personal best achieved at national or international championships during the previous 12 months.
Enter lifter's family name and first name separately into appropriate column . Please use lifter's FULL first name- no nicknames!

Important notice: Incomplete Nomination Forms will not be accepted and not published on IPF website!!!

Class	Family Name	First Name	Birth Date	SQ	BP	DL	TOTAL
Reserve lifters (Max. 5 per team)							

CONTACT DETAILS:

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

NZPF POWERLIFTING FEDERATION
Steve Lousich
Fax: +6495775447
E-Mail: sml@xtra.co.nz

VISA SUPPORT FORM

Full Names of Athletes	Birth Date	Passport Number	Expiry Date

Full Names of Coaches	Birth Date	Passport Number	Expiry Date