



South African Powerlifting Federation

Commonwealth Powerlifting and Bench Press Championships – Reply slip

Name: _____

Surname: _____

I confirm that I am interested in competing in the following events for which I have been nominated:

Age Category	Weight Cat	Raw PL	EQ PL	Raw BP	EQ BP

-OR-

I confirm that I am not able to take part in the Commonwealth Championships: _____

Contact Details:

Email address : _____ Cell number: _____

Will your coach need accreditation ? _____ Coach's Name : _____

Will you attend the banquet? (Yes/No) _____ Need extra banquet tickets? _____

Do you need to order kit (tracksuit etc) for the championships? : _____

Do you need a selection letter (for Leave/Sponsorship)? _____

Are you interested in competing in the African Championships (18-22Oct) in Algeria? _____

Info for Whereabouts Form:

ID number : _____ Date of Birth : _____

Complete home address : _____

Work/Study address : _____

Training place address: _____ Time: _____

60 Min Timeslot when available for testing: _____ at (Home/Work/Training) _____

Return this completed form to Heather at HeatherJLeighton@gmail.com or send a picture to 082 606 2634